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***35.00 JAN 10 PM 2: 14

TO: Amendment Section

Division of Corporations

COVER LETTER

SUBJECT: THE SILK SCREEN N	MACHINE INC.
DOCUMENT NUMBER: V04473	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
STUART ROSEN	
(Name of	Contact Person)
(Fin	т/Сотралу)
5249 COCONUT CREEK PKW	Υ
. (A	(ddress)
MARGATE, FL 33063	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
STUART ROSEN	at (_954) 9773339
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
✓\$35 Filing Fee Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	THE SILK SCREEN MACHINE INC.	
SECOND:		
THIRD:	The date dissolution was authorized: 12/31/07	
	Effective date of dissolution if applicable: 12/31/07 (no more than 90 days after dissolution file date)	.
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	ution
	Dissolution was approved by the shareholders through voting groups.	-
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	JAN 10 PM
	The number of votes cast for dissolution was sufficient for approval by	H 2: 14
	(voting group)	
(Signature: (Dy a director, president or filter officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, truster, or other court appointed fiduciary, by that fiduciary)	
	STUART ROSEN	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	

Filing Fee: \$35