Office Use Only



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02/06/06--01006--004 **35.00

2/8/06

COVER LETTER

Division of Corporations		
SUBJECT: PAPA DAN'S INC		
DOCUMENT NUMBER: \$\frac{15943}{}\$		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ROSEMARY CUSTEAD (Name of Contact Person)		
(Name of Contact Person)		
(Firm/Company)		
Po Box 1943 (Address)		
(Address)		
(City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ROSEMARY CUSTRAN at (386) 684-1145 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Barana		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to sarticles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following ssolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: 5 PAPA DANS, INC.
SECOND:	The document number of the corporation (if known): V 15 4 43
THIRD:	The file date the articles of incorporation: Feg 24, 1992
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiductary, by that fiduciary.) Rosemary (Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35