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(Re	equestor's Name)	
(Ac	ldress)	
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- (Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: V29581	
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Delia I Di Berardino-Sanchez	
(Name of Co	ontact Person)
First Atlantic Premium Finance Corp	
(Firm/C	ompany)
8625 N.W. th Street #305	
(Add	ress)
Miami, Florida 33126	
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Delia Di Berardino-Sanchez	at (_305) 265-7121
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	First Atlantic Premium Finance Corp		
SECOND:	The document number of the corporation (if known): V29581		
THIRD:	The file date of the articles of incorporation: 4/15/1992		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors in the corporat		
	The dissolution was authorized by a majority of the directors: OR		
	☐ The dissolution was authorized by an incorporator.		
	☐ The dissolution was authorized by a majority of the incorporators.		
Sign	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by		
	that fiduciary		
	Delia I Di Berardino-Sanchez		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

FOURTH: Effective date of dissolution <u>if applicable</u>: <u>02/28/2007</u>

(no more than 90 days after dissolution file date)

Signature

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35