NO.426

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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : HARPER, KYNES, GELLER & BUFORD

Account Number : 070651000745 : (727)799-4840 Fax Number : (727) 797-8206

DISSOLUTION OR WITHDRAWAL

SNOJAX, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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ARTICLES OF DISSOLUTION OF SNOJAX, INC.

Snojax, Inc. ("Corporation") is hereby dissolved under the laws of the State of Florida.

ARTICLE I-Name

The name of the Corporation is: Snojax, Inc.

ARTICLE II -- Articles of Incorporation

The Articles of Incorporation were filed on October 5, 1992.

ARTICLE III-Document Number The document number of the corporation is V68742. ARTICLE IV-Authorization and Effective Date The dissolution of the Corporation was authorized on 9/2112:01 a.m. on December 31 , 2005.

ARTICLE V-Adoption of Dissolution

Dissolution was approved by the Sh	areholders. The number of votes cast for dissolution was
sufficient for approval.	C - 1 - 0 - 11
DATED: September 21, 2005.	Eileen C. McMullen, President
	Eileen C. McMullen, President

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 2/ day of	mber
2005, by Eileen C. McMullen, President of Snojax, Inc., a Florida Corporation, on beh	alf of the
Corporation. He is personally known to me or has produced	RS
identification.	

NOTARIAL SEAL Lori A. Backenstoes, Notary Public Lower Allen Twp., Cumberland County My commission expline October 14, 2007

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NOTARY PUBLIC, State of Florida Pennsylvan. ~ Printed Name: Low My Commission Expires: 10/14 Commission No.

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NOTICE OF CORPORATE DISSOLUTION

This notice is being submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Snoiax, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

(a) The full name, address and phone number of the person which the engineering and/or construction services were performed for. In the event that the telephone number and/or address has changed since the services were performed, please provide both the old and new information.

(b) The address of where the engineering and/or construction services took place.

(c) The date when engineering and/or construction services were begun and completed.

(d) A copy of any contract(s) between <u>Snojax</u>. Inc. and the party alleging the claim.

(e) Please state with specificity the exact nature of the alleged problem/defect and how it is related to the engineering and/or construction services which were performed by <u>Snoisz, Inc.</u>

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation)

2560 Gulf to Bay Boulevard Ste 300 Clearwater, Florida 33765

A CLAIM AGAINST THE ABOVE NAMED CORPORATION WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN FOUR (4) YEARS AFTER THE FILING OF THIS NOTICE.

IN WITNESS WHEREOF, I have set my hand and soal this 21stday of September 2005.

Signed, sealed and delivered in the presence of:

Printed Name: Backer Lack take

Printed Name: Alliss A BANKY

State of Florida County of Pineilas

NOTARIAL SEAL Lori A. Backenstoes, Notary Public Lower Allen Twp., Cumberland County My commission expires October 14, 2007

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My Commussion Expires: __

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