

## DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :  
DEPT. OF STATE

H 19170

11499

92229

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*
TRUST	1,528.75	ACCOUNT CLOSED	2	2 *
OTHER		UNCOLLECTED FUNDS	3	*
TOTAL	1,528.75	OTHER	4	*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	2	30.00
012	45-20-2-130001-45300000-00-000100-00	1	43.75
012	45-20-2-130001-45300000-00-000100-00	1	87.50
012	45-20-2-130001-45300000-00-000100-00	1	87.50
012	45-20-2-130001-45300000-00-000100-00	1	521.25
012	45-20-2-130001-45300000-00-000100-00	1	758.75

GRAND TOTAL:

\$ 1,528.75

92229-F

100002795531--8

Process Date: 01/04/99

The above named fund(s) has been reduced by the amount of  
this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

SANTOMASSINO RESIDENCE, INC.  
6810 SW 7TH ST.  
MARGATE, FL 33088

1240

NSF

NSF

PAY  
TO THE  
ORDER OF

Seven hundred & fifty dollars

\$ 758.00

FIRST  
SOUTHERN  
BANK

2800 E. Oakland Park Blvd.  
Ft. Lauderdale, Florida 33306

FOR H 19170 (Remittance)

⑈001240⑈-⑈1067012895⑈304267106⑈

⑈0000075875⑈

2378 01 78 23 58 78  
DOLLARS 12-36-98

63-12893  
670

—

—

—

—

[illegible]

100

1000

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 3, 1999

Santomassino Residence Inc.  
6810 SW 7th St.  
Margate, FL 33068

SUBJECT: SANTOMASSINO RESIDENCE, INC.  
Ref. Number: H19170

Debit Memo #: 92229-F

This is to inform you that your check #1240 dated November 20, 1998 in the amount of \$758.75 and submitted for SANTOMASSINO RESIDENCE, INC. has been returned to us by your bank because of Nonsufficient funds.

We request that you remit a cashier's check or money order in amount of \$796.69 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call  
(850) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant II  
Division of Corporations

Letter number: 699A00004607



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 5, 1999

Santomassino Residence Inc.  
6810 SW 7th St.  
Margate, FL 33068

SUBJECT: SANTOMASSINO RESIDENCE, INC.  
Ref. Number: H19170

Debit Memo #: 92229-F

Due to your failure to respond to our previous letter advising you of the returned check #1240, the Reinstatement for SANTOMASSINO RESIDENCE, INC. has been cancelled and is considered not filed as of March 5, 1999.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely  
Melinda Lilliston  
Administrative Assistant II  
Division of Corporations

Letter number: 299A00010334