## DEBIT MEMORANDUM

DATE

TO: DEPT. OF STATE

191\*11\*\*\*\*\*\*

 $\bar{q}_{2229}$ 

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

FOR OFFICIAL USE

^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^			****	* * * * *		* * *
* FUND		REASON RETURNED	• • • • • • • • • • • • • • • • • • • •			*
*						*
* GENERAL REVENUE	. 0.00	INSUFFICIENT FUNDS	1=	*		*
*		·		<b>-</b> *		*
* TRUST	1.528.75	ACCOUNT CLOSED	2-	*	2	*
*						*
* OTHER		UNCOLLECTED FUNDS	3 =	*		*
*						*
* TOTAL	1 528 75	OTHER	<b>4</b> -	*		*
*******	*********	*****	*****	****	****	

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

GRAND TOTAL:

\$ 1,528.75

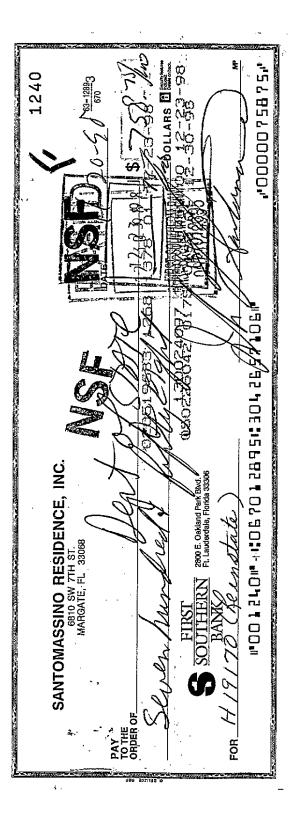
92229-

100007795531--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.

State\_Treasurer



- <del>=</del>

DEPYTOF STATE 45004S3 FOR DEPOSIT ONLY -12/18/98--01090--024 1009068796 \*\*\*\*758.75

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## 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