



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
08/29/2000	1-80851

DEBIT MEMORANDUM

N 97 000003539

2

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	3,483.25
Other Total	0.00
Total	\$3,483.25

800003504878--6

Distribution

Cross Ref	Samas Code	Reason	Amount
008	45-20-2-130001-45300100-00-000100-00	OTHER	24.00
008	45-20-2-130001-45300100-00-000100-00	OTHER	61.25
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	72.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	158.75
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	367.25
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	550.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	900.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	1,350.00

Grand Total: \$3,483.25

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

Bill Nelson

Process Date: 08/21/2000

State Treasurer

BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

00 AUG 30 PM 3:05

RECEIVED

ENDORSE HERE:

X

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-08/09/00--01015--005
1009068796 ***367.25

DO NOT SIGN / WRITE BELOW THIS LINE.
FOR FINANCIAL INSTITUTIONS ONLY

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FEDERAL RESERVE NOTE
Security features include a Micro-Print
Signature Line, Security Screen and Currency Border.
Absence of these features may indicate alteration.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 15, 2000

Reginald Davis Sr.
1500 N. Congress Ave.
Unit C-23
W. Palm Beach, FL 33401

SUBJECT: THE RESTORATION CENTER, INC.
Ref. Number: N97000003539

Debit Memo #: 10851-E

This is to inform you that your check #0189 dated June 19, 2000 in the amount of \$367.25 and submitted for THE RESTORATION CENTER, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$385.61 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: 300A00053036

cc: The Restoration Center, Inc.
1500 N. Congress Ave. Unit C-23
W. Palm Beach, FL 33401



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 18, 2000

Reginald Davis Sr.
1500 N. Congress Ave.
Unit C-23
W. Palm Beach, FL 33401

SUBJECT: THE RESTORATION CENTER, INC.
Ref. Number: N97000003539

Debit Memo #: 1051-E

Due to your failure to respond to our previous letter advising you of the returned check #0189, the Reinstatement for THE RESTORATION CENTER, INC. has been cancelled and is considered not filed as of December 18, 2000.

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: 200A00063516

cc:The Restoration Center, Inc.
1500 N. Congress Ave. Unit C-23
W. Palm Beach, FL 33401