

Tallahassee, Florida

Total

FOR OFFICIAL USE NUMBER

10/25/2001

∮1923

DEBIT MEMORANDUM

0000006342

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	3,031.25
Other Total	0.00

\$3,031.25

ALL 4530

500004714646<mark>--</mark>3

Distribution

Cross Ref	Samas Code	Reason	Amount
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	50.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	70.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
204	45-50-2-130001-45300100-00-000100-00	- ACCOUNT CLOSED	87.50
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	90.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	758.75
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	908.75
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	908.75

Grand Total:

\$3,031.25

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

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

Process Date: 10/19/2001

State Treasurer

IN HO THEOTH

BELKIS A ALVAREZ
14873 SW 65 TERRACE
04673 SW 65 TERRACE
0467 SW 65 TERRACE
115 TERRACE
116 TERRACE
117 TERRACE
118 TERRACE
11



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 2, 2001

Belkis A. Alvarez 14873 SW 65 Terrace Miami, FL 33183

SUBJECT: RAINBOW MEDICAL SERVICES & SUPPLIES, INC.

Ref. Number: P00000063423

Debit Memo #: 21923-G

This is to inform you that your check #158 dated September 26, 2001 in the amount of \$758.75 and submitted for RAINBOW MEDICAL SERVICES & SUPPLIES, 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 \$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:

Letter number: 801A00059884

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) 245-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

cc:Rainbow Medical Services & Supplies Inc. 12240 SW 132nd Ct. Miami, FL. 33186



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 7, 2001

Belkis A. Alvarez 14873 SW 65 Terrace Miami, FL 33183

SUBJECT: RAINBOW MEDICAL SERVICES & SUPPLIES, INC.

Ref. Number: P00000063423

Debit Memo #: 21923-G

Due to your failure to respond to our previous letter advising you of the returned check #158, the Reinstatement for RAINBOW MEDICAL SERVICES & SUPPLIES, INC. has been cancelled and is considered not filed as of December 7, 2001.

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) 245-6900.

Letter number: 501A00064770

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

cc:Rainbow Medical Services & Supplies,Inc. 12240 SW 132nd Ct. Miami, FL. 33186