



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
01/04/2000	02092

DEBIT MEMORANDUM

P 950000 49135 2

To: DEPT. OF STATE

<i>General Revenue Total</i>	0.00
<i>Trust Total</i>	1,828.75
<i>Other Total</i>	0.00
Total	\$1,828.75

200003134462--3

Distribution

<i>Cross Ref</i>	<i>Samas Code</i>	<i>Reason</i>	<i>Amount</i>
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	50.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	200.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	750.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	750.00

Grand Total: \$1,828.75

02092 - D

RECEIVED
 00 JAN -6 PM 1:58
 DEPT. OF TREASURY AND
 GENERAL SERVICES

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

Process Date: 12/24/1999

Bill Nelson

State Treasurer



ODALY'S MEDICAL SUPPLY, INC.
 (305) 559-9507
 3855 SW 137 AVE., UNIT 11
 MIAMI, FL 33175

D 1090

© Charles American RBY

Pay to the Order of Department of Health

Date 0-1-99

63-1139/650
01

Five hundred fifty

⑆030344302 2022 2023 07 12-15-99⑈

OCEAN BANK
 720 N.W. 42ND AVE.
 MIAMI, FLORIDA 33126

RECEIVED
 DEPARTMENT OF HEALTH
 01/01/99
 00188207290-99
 030344302 2022 2023 07 12-15-99

Dollars



⑆001090⑆ ⑆066011392⑆ 0100815632⑆05

⑆0000075000⑆

MP

For



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 10, 2000

Odaly's Medical Supply, Inc.
3855 SW 137 Ave., Unit 11
Miami, FL 33175

SUBJECT: ODALY'S MEDICAL SUPPLY, INC.
Ref. Number: P95000049135

Debit Memo #: 02092-D

This is to inform you that your check #1090 dated December 1, 1999 in the amount of \$750.00 and submitted for ODALY'S MEDICAL SUPPLY, 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 \$787.50 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: 200A00001197



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 14, 2000

Odaly's Medical Supply, Inc.
3855 SW 137 Ave.
Unit 11
Miami, FL 33175

SUBJECT: ODALY'S MEDICAL SUPPLY, INC.
Ref. Number: P95000049135

Debit Memo #: 02092-D

Due to your failure to respond to our previous letter advising you of the returned check #1090, the Reinstatement for ODALY'S MEDICAL SUPPLY, INC. has been cancelled and is considered not filed as of February 14, 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: 000A00007619