

DEBIT MEMORANDUM

TO : DEPT. OF STATE
 DATE: 7-7-99
 FOR OFFICIAL USE
 NUMBER: 00096

P 95 0000 62210

STATE OF FLORIDA
 OFFICE OF STATE TREASURER
 TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,049.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	
TOTAL	2,049.50	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		1	50.00
012	45-20-2-130001-45300000-00-000100-00		1	50.00
012	45-20-2-130001-45300000-00-000100-00		1	60.00
012	45-20-2-130001-45300000-00-000100-00		1	72.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00
012	45-20-2-130001-45300000-00-000100-00		2	150.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00
012	45-20-2-130001-45300000-00-000100-00		1	158.75
012	45-20-2-130001-45300000-00-000100-00		1	500.00
012	45-20-2-130001-45300000-00-000100-00		1	558.75

GRAND TOTAL: \$ 2,049.50

00096 - 5

Process Date: 06/24/99

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

ENCLOSURE

DEPT OF STATE 4501
FOR DEPOSIT ONLY
-06/15/99-01070-1
1009058796 *****500

DO 2031 1 8 3 1-8-99

066000109
050011886
066000109
03020890501 99
03020890501 99
D700E822758 06-21-99
D700E822758 0604151602104-862 24-99

REXB



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 21, 1999

Sole Provider Shoe Repair and Alterations
20505 S. Dixie Highway
Suite 883
Miami, FL 33189

SUBJECT: SOLE PROVIDER OF CUTLER RIDGE, INC.
Ref. Number: P95000062210

Debit Memo #: 00096 - 3

This is to inform you that your check #3561 dated June 1, 1999 in the amount of \$500.00 and submitted for SOLE PROVIDER OF CUTLER RIDGE, 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 \$525.00 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: 099A00037370

cc:Sole Provider of Cutler Ridge, Inc.
20505 S. Dixie Highway, Suite 883
Miami, Fl. 33189



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 24, 1999

Sole Provider Shoe Repair & Alterations
20505 S. Dixie Highway
Suite 683
Miami, FL 33189

SUBJECT: SOLE PROVIDER OF CUTLER RIDGE, INC.
Ref. Number: P95000062210

Debit Memo #: 00096-J

Due to your failure to respond to our previous letter advising you of the returned check #3561, the Reinstatement for SOLE PROVIDER OF CUTLER RIDGE, INC. has been cancelled and is considered not filed as of August 24, 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: 599A00042504

cc:Sole Provier of Cutler Ridge, Inc.
20505 S. Dixie Highway, #883
Miami, Fl. 33189