

State of Florida Office of State Treasurer Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

12/29/2000 1,02598

**DEBIT MEMORANDUM** 

6000003

General Revenue Total 0.00 Trust Total 3,532.00 Other Total 0.00Total

700003790247

Distribution

\$3,532.00

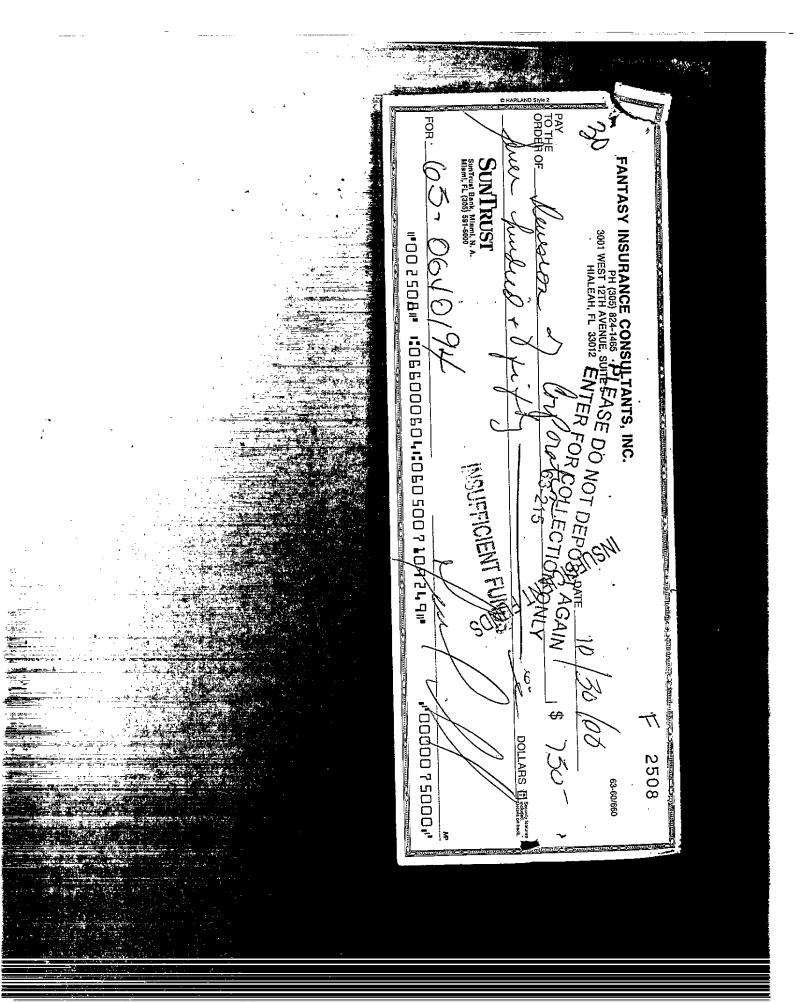
Cross Ref	Samas Code	7	Amount
		Reason	
800	45-20-2-130001-45300100-00-000100-00	UNCOLLECTED FUNDS	8.75
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	10.00
800	45-20-2-130001-45300100-00-000100-00	OTHER	10.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	72.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	122.50
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	750.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	750.00
80	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	750.00
800	45-20-2-130001-45300100-00-000100-00	OTHER	1,058.75

Grand Total:

\$3,532.00

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: 12/19/2000



DEPT OF STATE 4500453 FOR DEPOSIT ONLY -12/07/00--01068--001 1009068796 \*\*\*\*750.00

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 18, 2001

Fantasy Insurance Consultants,Inc. 3001 W. 12th Ave. Suite 5 Hialeah, FL 33012

SUBJECT: FANTASY INSURANCE CONSULTANTS, INC.

Ref. Number: P96000003257

Debit Memo #: 12598-F

This is to inform you that your check #2508 dated October 30, 2000 in the amount of \$750.00 and submitted for FANTASY INSURANCE CONSULTANTS, 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: 501A00002819



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 28, 2001

Fantasy Insurance Consultants Inc. 3001 W. 12th Ave. Suite 5 Hialeah, FL 33012

SUBJECT: FANTASY INSURANCE CONSULTANTS, INC.

Ref. Number: P96000003257

Debit Memo #: 12598-F

Due to your failure to respond to our previous letter advising you of the returned check #2508, the Reinstatement for FANTASY INSURANCE CONSULTANTS, INC. has been cancelled and is considered not filed as of February 28, 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) 487-6900.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 801A00012595

cc:Fantasy Insurance Consultants 8042 NW 66 St. Miami, Fl. 33166