30

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE 3 17 99 NUMBER 92930

TO :
DEPT. OF STATE

P97000073335

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	4,358.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	4,358.75	OTHER	4

100002368791 2 -0

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	1	8.75
012	45-20-2-130001-45300000-00-000100-00	4	61.25
012	45-20-2-130001-45300000-00-000100-00	1	70.00
012	45-20-2-130001-45300000-00-000100-00	1	78.75
012	45-20-2-130001-45300000-00-000100-00	4	78.75
012	45-20-2-130001-45300000-00-000100-00	2	90.00
012	45-20-2-130001-45300000-00-000100-00	1	90.00
012	45-20-2-130001-45300000-00-000100-00	1	105.00
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	2	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	2	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	4	150.00
012	45-20-2-130001-45300000-00-000100-00	3	150.00
012	45-20-2-130001-45300000-00-000100-00	2	150.00
012	45-20-2-130001-45300000-00-000100-00	2	150.00
012	45-20-2-130001-45300000-00-000100-00	2	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

CONTINUED

92930 - BB

RECEIVED
99 MAR 18 PM 3:19
BUREAU OF
FINANCING, BUDGET AND
ACCOUNTING

DEBIT MEMORANDUM

FOR OFFICIAL USE

TO :
MAG

DATE

NUMBER

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	1	158.75
012	45-20-2-130001-45300000-00-000100-00	4	158.75
012	45-20-2-130001-45300000-00-000100-00	1	158.75
012	45-20-2-130001-45300000-00-000100-00	1	900.00

GRAND TOTAL: $ 4,358.75

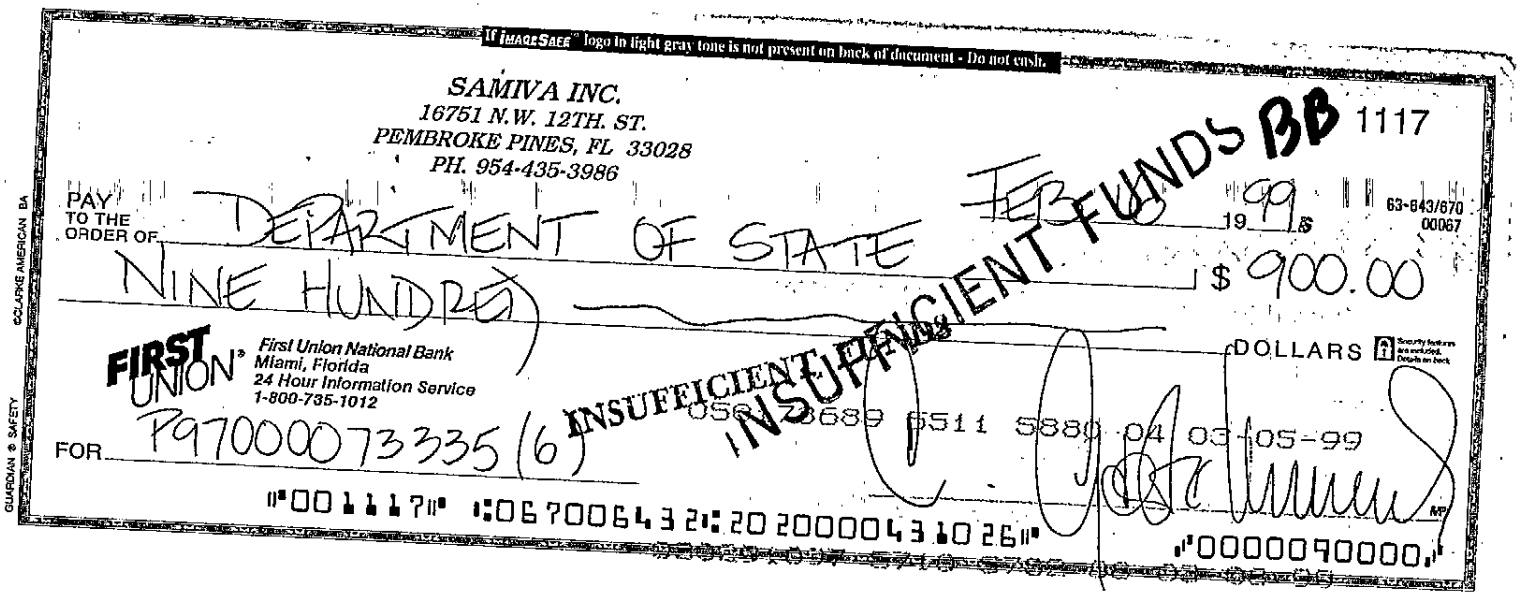
RECEIVED
99 MAR 19 PM 3:19
BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

Process Date: 03/08/99

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



If IMAGE SAFE logo in light gray tone is not present on back of document - Do not cash.

SAMIVA INC.
16751 N.W. 12TH. ST.
PEMBROKE PINES, FL 33028
PH. 954-435-3986

1117

63-843/670
00067

PAY TO THE ORDER OF DEPARTMENT OF STATE

FEB 8 19 99

$ 900.00

NINE HUNDRED

DOLLARS

FIRST UNION
First Union National Bank
Miami, Florida
24 Hour Information Service
1-800-735-1012

INSUFFICIENT FUNDS BB

FOR P97000073335(6)

INSUFFICIENT FUNDS

056 3689 6511 5880 04 03-05-99

⑈001117⑈ ⑆067006432⑆ 20 2000043 10 26⑈ ⑈0000090000⑈

©CLARKE AMERICAN BA
GUARDIAN ® SAFETY

RECEIVED

ENDORSE HERE

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-02/24/99--01070--009
1009068796 ***900.00

XXXXXXXXXXXXXXX

0540157308 02-25-99
02-25-99
JAX FL

0540157308

03-08-99

LOOK FOR MICRO PRINTED LINE ON FRONT AND THE
IMAGESAFE LOGO IN LIGHT GRAY TONE ON BACK
DOCUMENT ... PRESENT. DO NOT CASH.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 26, 1999

Samiva Inc.
16751 NW 12th St.
Pembroke Pines, FL 33028

SUBJECT: SAMIVA, INC.
Ref. Number: P97000073335

Debit Memo #: 92930-BB

This is to inform you that your check #1117 dated February 6, 1999 in the amount of $900.00 and submitted for SAMIVA, 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 $945.00 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: 299A00015471

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 7, 1999

Samiva, Inc.
16755 NW 13 St.
Pembroke Pines, FL 33028

SUBJECT: SAMIVA, INC.
Ref. Number: P97000073335

Debit Memo #: 92930-BB

Due to your failure to respond to our previous letter advising you of the returned check #1117, the Reinstatement for SAMIVA, INC. has been cancelled and is considered not filed as of May 7, 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: 599A00025233

cc:Samiva Inc.
16751 NW 12 St.
Pembroke Pines, Fl. 33028