

State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

07/24/2000

90248

DEBIT MEMORANDUM

9800002233

72

To: DEPARTMENT OF STATE

General Revenue Total	0.00	
Trust Total	3,987.50	
Other Total	0.00	200003385862-0
Total	\$3 987 50	

Distribution

Cross	Samas						
Ref	Code		Reason		A	Amount	
008	45-20-2-130001-45300	0100-00-000100-00	ACCOUNT CLOSED	÷	* 1 * ±4-	60.00	
800	45-20-2-130001-45300	0100-00-000100-00	ACCOUNT CLOSED			60.00	
800	45-20-2-130001-45300	0100-00-000100-00	OTHER			ت 61.25	
800	45-20-2-130001-45300	100-00-000100-00	INSUFFICIENT FUNDS		. **	66.25	
800	45-20-2-130001-45300	100-00-000100-00	INSUFFICIENT FUNDS		•	70.00	
008	45-20-2-130001-45300)100-00-000100-00	INSUFFICIENT FUNDS			78.75 -	
800	45-20-2-130001-45300)100-00-000100-00	INSUFFICIENT FUNDS		•	87.50	
800	45-20-2-130001-45300	100-00-000100-00	OTHER	-		163.75 -	
800	45-20-2-130001-45300	0100-00-000100-00	INSUFFICIENT FUNDS	•		550.00 -	
800	45-20-2-130001-45300)100-00-000100-00	INSUFFICIENT FUNDS			900.00 —	
800	45-20-2-130001-45300	0100-00-000100-00	INSUFFICIENT FUNDS			1,890.00	

Grand Total:

\$3,987.50

00 JUL 26 PH 12: 27

RECEIVED

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: 07/12/2000

State Treasurer

DEPT OF STATE 4500453 FOR DEPOSIT BNLY -06/21/00--01087--008 1009068796 ****900.00 00510 2900 AN AZORAN 2000 CVCCUI



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 1, 2000

Sympton Corp. 5126 S. State Rd. 7 Ft. Lauderdale, FL 33314

SUBJECT: SYMPTOM CORPORATION

Ref. Number: P98000022332

Debit Memo #: 10248-J

This is to inform you that your check #Counter Check dated April 24, 2000 in the amount of \$900.00 and submitted for SYMPTOM CORPORATION 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 \$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: 200A00041689



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 7, 2000

Sympton Corp. 5126 S. State Rd. 7 Ft. Lauderdale, FL 33314

SUBJECT: SYMPTOM CORPORATION

Ref. Number: P98000022332

Debit Memo #: 10248-J

Due to your failure to respond to our previous letter advising you of the returned check #Counter Check, the Reinstatement for SYMPTOM CORPORATION has been cancelled and is considered not filed as of September 7, 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: 100A00047523