

Tallahassee, Florid

DATE

FOR OFFICIAL USE

NUMBER

06/12/2001

Ø4880

DEBIT MEMORANDUM

080/80000

2

To: DEPARTMENT OF STATE

General Revenue Total 0.00
Trust Total 4,735.00
Other Total 0.00

0.00

Total

\$4,735.00

800004527378---8

Distribution

Cross Ref	Samas Code	Reason	Amount
203 203	45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	158.75 158.75 158.75 158.75 550.00 550.00 900.00 900.00 1,200.00

Grand Total:

\$4,735.00

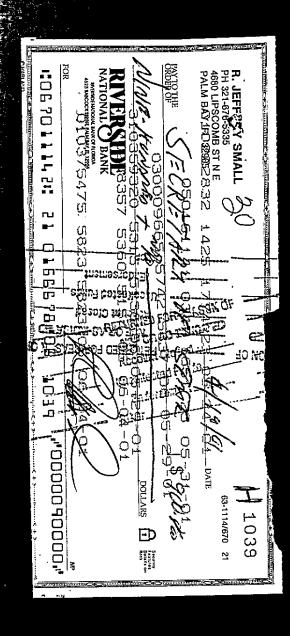
The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

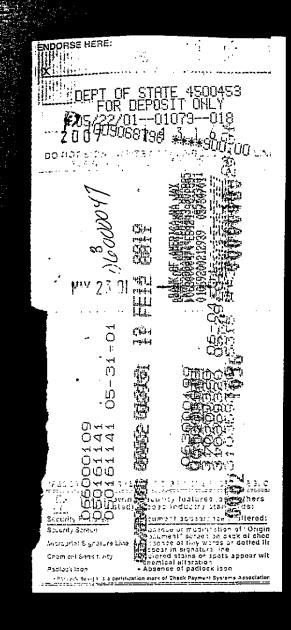
Process Date: 06/04/2001

To Sley

"-CEIVEL

State Treasurer







FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 3, 2001

R. Jeffrey Small 4680 Lipscomb St. NE Palm Bay, FL 32905

SUBJECT: A1 INSURANCE SERVICES OF MELBOURNE, INC.

Ref. Number: P99000031080

Debit Memo #: 14880-H

This is to inform you that your check #1039 dated April 18, 2001 in the amount of \$900.00 and submitted for A1 INSURANCE SERVICES OF MELBOURNE, 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 \$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) 245-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 701A00039765

cc:A1 Insurance Services of Melbourne,Inc. 1260 Harbor City Blvd. Melbourne, Fl. 32935



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 9, 2001

R. Jeffrey Small 4680 Lipscomb St. NE Palm Bay, FL 32905

SUBJECT: A1 INSURANCE SERVICES OF MELBOURNE, INC.

Ref. Number: P99000031080

Debit Memo #: 4880-H

Due to your failure to respond to our previous letter advising you of the returned check #1039, the Reinstatement for A1 INSURANCE SERVICES OF MELBOURNE, INC. has been cancelled and is considered not filed as of August 9, 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) 245-6900.

Letter number: 101A00045848

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

cc:A-1 Insurance Services of Melbourne,Inc. 1260 Harbor City Blvd. Melbourne,Fi. 32935