Office of State Treasure

Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

07/10/2001 2 10157

To: DEPARTMENT OF STATE

Total	\$2,047.50	
Other Total		
Trust Total	2,047.50	
General Revenue Total	0.00	

Distribution

Cross Ref	Samas Code		Reason	- · · · · · · · · · · · · · · · · · · ·	Amount
204	45-50-2-130001-45300	100-00-000100-00	INSUFFICIENT FUNDS	-	35.00
204	45-50-2-130001-45300	100-00-000100-00	OTHER		55.00
204	45-50-2-130001-45300	100-00-000100-00	INSUFFICIENT FUNDS		78.75
204	45-50-2-130001-45300	100-00-000100-00	OTHER		78.75
204	45-50-2-130001-45300	100-00-000100-00	OTHER		900.00
204	45-50-2-130001-45300	100-00-000100-00	INSUFFICIENT FUNDS		900.00

Grand Total:

\$2,047.50

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

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: 07/03/2001

State Treasurer

PAY TOTHE ORDER C SUNCOAST PROVIDERS, INC
PH 813-232-3918
6506 FLORIDA AVE SUITE 205
TAMPA, FL 33604 First Union National Bank firstunion.com
Org. 003 R/I 063107513 SIOILGODODD #1 #E # 5 & O # E 90# #BOEB# 14 BB 30B# CUSTOM BUSINESS BANKING ',0000000000', ''0000000'' / DOLLARS \$ 00000 63-751/631 BRANCH 13092 Security Security

DEPT OF STATE 4500453 FOR DEPOSIT ONLY -06/27/01--01046--015 1009068796 \*\*\*\*900.00

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JN 2971

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 21, 2001

Suncoast Providers Inc. 10329 Birdwatch Dr. Suite 205 Tampa, FL 33604

SUBJECT: SUNCOAST PROVIDERS, INC.

Ref. Number: P99000091015

Debit Memo #: 20157-E

This is to inform you that your check #1174 dated April 30, 2001 in the amount of \$900.00 and submitted for SUNCOAST PROVIDERS, INC. has been returned to us by your bank because of Payment Stopped.

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: 601A00042528



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 11, 2001

Suncoast Providers Inc. 10329 Birdwatch Dr. Suite 205 Tampa, FL 33604

SUBJECT: SUNCOAST PROVIDERS, INC.

Ref. Number: P99000091015

Debit Memo #: 20157-E

Due to your failure to respond to our previous letter advising you of the returned check #1174, the Reinstatement for SUNCOAST PROVIDERS, INC. has been cancelled and is considered not filed as of October 11, 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.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 901A00056609