State of Florida

State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

12/08/1999

01838

**DEBIT MEMORANDUM** 

99000100140

2

300003106093

To: <u>DEPT. OF STATE</u>

General Revenue Total 0.00
Trust Total 1,195.25

Other Total 0.00

Total

\$1,195.25

## Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	35.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	72.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	72.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	_ 78.75
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	78.75
012	45-20-2-130001-45300000-00-000100-00	OTHER	100.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	758.75

Grand Total:

\$1,195.25

01838- 5

PUTEND OF AND

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: 11/29/1999

State Treasurer

12 5 7 0 4 0 B 1 7 1. JOZEGA345 S3ABSIGNATURESC WHUZUSWAY

SOON FEDERALIWAY

JENEZENE PERALIMENT ADOLHER ACT STOLE RIMENT

JENEZENE PERALIMENT ADOLHER ACT STOLE RIMENT

JENEZENE PERALIMENT

JENEZENE RIVIERA BEACH, FL 33494 turned Unpaid FOTE-4 ENDORSEMBLY TO POLITICIED FUNDS LARS II REALLY 1896

DEPT OF STATE 4500453 FOR DEPOSIT ONLY -11/12/99-01086-009 1008068796 \*\*\*\*\*78.67



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 20, 1999

Flowers Day Care Center Inc. 87 Silver Beach Rd. Riviera Beach, FL 33404

SUBJECT: FLOWERS DAY CARE CENTER INC.

Ref. Number: P99000100140

Debit Memo #: 01838-E

This is to inform you that your check #1896 dated November 10, 1999 in the amount of \$78.75 and submitted for FLOWERS DAY CARE CENTER INC. has been returned to us by your bank because of Nnsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 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: 999A00059465

cc:Lynette A. Farrell 87 Silver Beach Rd. Riviera Beach, Fl. 33404



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 21, 2000

Flowers Day Care Center Inc. 87 Silver Beach Rd. Riviera Beach, FL 33404

SUBJECT: FLOWERS DAY CARE CENTER INC.

Ref. Number: P99000100140

Debit Memo #: 01838-E

Due to your failure to respond to our previous letter advising you of the returned check #1896, the Articles of Incorporation for FLOWERS DAY CARE CENTER INC. have been cancelled and are considered not filed as of January 21, 2000.

The name of your corporation is now available for use.

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: 200A00002999

cc:Lynette A. Farrell 87 Silver Beach Rd. Riviera Beach, Fl. 33404