

DEBIT MEMORANDUM

FOR OFFICIAL USE

TO :
DEPT. OF STATE

DATE

NUMBER

1 28 99
S 17070

92383

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,522.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,522.50	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		1	122.50
012	45-20-2-130001-45300000-00-000100-00		1	750.00
012	45-20-2-130001-45300000-00-000100-00		1	750.00
012	45-20-2-130001-45300000-00-000100-00		3	900.00

GRAND TOTAL:

\$ 2,522.50

92383-C

500002801295

RECEIVED

29 FEB - PM 1:19

PAID TO

Process Date: 01/19/99

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

GUARDANT & SAFETY
© Charles F. Heston
XV

SECURITY ENHANCED DOCUMENT. See back for details. (U)

DESTIN MEDICAL EQUIPMENT INC.
PHONE (850) 654-5510
P.O. BOX NO. 5057
DESTIN, FL 32540

PAY TO THE ORDER OF
Department of Staff
Seven hundred fifty dollars

NSF
Returned Unpaid,
or as indicated by payee
DATE 10/21/98
Uncollected Funds

63-104/632
7

6277

750.00
DOLLARS

018-007
Barnett
1014 Highway 88 East
Destin, Florida 32541

FOR Corporate reinstatement fee

156033352311
156033352311

0000075000

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-01/11/99--01193--005
100908796****750.00

00010652002MPLBIBLIX ; >0630000047<
800-5239498>0630000047< 01-12-99
054085210001Y424QDS O 404-42-989 0540353134
6331 00 766MX Pigeon Exptl 2003

063000047
01-12-99
0540353134



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 4, 1999

Destin Medical Equipment Inc.
285A Highway 98 E
Destin, FL 32541

SUBJECT: DESTIN MEDICAL EQUIPMENT, INC.
Ref. Number: S17070

Debit Memo #: 92383-C

This is to inform you that your check #6277 dated December 31, 1998 in the amount of \$750.00 and submitted for DESTIN MEDICAL EQUIPMENT, 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 \$787.50 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: 199A00005016



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 10, 1999

Destin Medical Equipment Inc.
285A Highway 98 E
Destin, FL 32541

SUBJECT: DESTIN MEDICAL EQUIPMENT, INC.
Ref. Number: S17070

Debit Memo #: 92383-C

Due to your failure to respond to our previous letter advising you of the returned check #6277, the Reinstatement for DESTIN MEDICAL EQUIPMENT, INC. has been cancelled and is considered not filed as of March 10, 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: 599A00011343