

Document Number Only

G59798

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

500002283965--3

03/03/97--01055--020

\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION(S) NAME

*Integrity Limited Dental Plans, Inc.*

Profit

NonProfit

Limited Liability Co.

Foreign

Limited Partnership

Reinstatement

Certified Copy

Call When Ready

Walk In

Mail Out

Amendment

Dissolution/Withdrawal

Annual Report

Reservation

Photo Copies

Call if Problem

Merger

Mark

Other UCC Filing

Change of R.A.

Fic. Name

CUS

After 4:30

Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

THANKS, MELANIE ☺

9.3 97

G 59798

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: C.T. Corporation System <sup>Attn: M. L. ...</sup> EIN or SS#: \_\_\_\_\_

Address: 660 East Jefferson Street  
Tallahassee, FL 32301

Amount: \$35.00 Date Paid \_\_\_\_\_

Reason for claim: Document will not be filed; change already made.

INTERNATIONAL DENTAL PLANS, INC. (G59798)

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature J. M. French

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

J.M. French - Amendments

*For Agency Use Only*

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 35.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01055-020 dated 09/03/97

Name of Account \_\_\_\_\_  
4520213000145300000000010000

Statutory Authority for Collection 607-0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT \_\_\_\_\_  
45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations \_\_\_\_\_  
(Agency) (Authorized Signature and Title)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 8, 1997

**C T CORPORATION SYSTEM**

**TALLAHASSEE, FL**

**SUBJECT: INTERNATIONAL DENTAL PLANS, INC.**  
**Ref. Number: G59798**

*Refund app  
sent 9/11/97*

We have received your document for INTERNATIONAL DENTAL PLANS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent was changed to C T CORPORATION SYSTEM on the 1997 annual report which was filed September 4, 1997; therefore, it is not necessary to file this document.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 997A00044655



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 4, 1997

*F10m2* C T CORPORATION SYSTEM  
TALLAHASSEE, FL

SUBJECT: INTERNATIONAL DENTAL PLANS, INC.  
Ref. Number: G59798

We have received your document for INTERNATIONAL DENTAL PLANS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

*To:* Joy Moon-French  
Corporate Specialist

Letter Number: 497A00044135

*WA 11-20  
Pick-up 3:00  
9-8-97  
Joy  
Please bring date  
to 9-8-77*

RECEIVED  
97 SEP - 8 AM 11:40  
DIVISION OF CORPORATION