

735200

ARTICLES OF MERGER
Merger Sheet

MERGING:

BIG BROTHERS/BIG SISTERS OF POLK COUNTY, INC., a Florida corporation,
735200

INTO

BIG BROTHERS/BIG SISTERS OF TAMPA BAY, INC., a Florida corporation,
759979

File date: March 24, 1997

Corporate Specialist: Steven Harris

738270

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: DEL VISTA CONDOMINIUM ASSOCIATION, INC. EIN or SS#: 59-2071375

Address: c/o EDO MELONI
HYMAN & KAPLAN
150 WEST FLAGLER STREET, 27th Floor
Miami, FL 33130

Amount: \$448.75 Date Paid _____

Reason for claim: Overpayment of Reinstatement Fees - 738270
SPT 2/26/97

Certified true and correct this 14 day of March, 1997.

Signature [Signature] MYRON SYKEN PRES.

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

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>448.75</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>010471002</u> dated <u>12-10-96</u>	
Name of Account _____	
45202130001453000000000010000	
Statutory Authority for Collection <u>617</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____	
452021300014530000000022002000	
Certified true and correct this _____ day of _____, 19____	
Department of State, Division of Corporations _____	
(Agency)	(Authorized Signature and Title)