

A29982

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.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>Ameritrail, Ltd.</u>	EIN or SS#: <u>65-0190280</u>
Address: <u>65 NW 168th Street</u>	
<u>North Miami Beach, FL 33169</u>	
Amount: <u>103.75</u>	Date Paid: _____
Reason for Claim: <u>Refund due to overpayment of filing fees</u>	
<u>Kenny Manning/Registration</u>	
<u>A29982/Ameritrail, Ltd.</u>	
Certified true and correct this <u>22</u> day of <u>July</u> , 19 <u>97</u> <u>Andrea Y Fallo</u>	
Signature _____	
OFFICIAL NOTARY SEAL ANDREA Y FALLO NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC57057 MY COMMISSION EXP. AUG. 3, 2001	

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

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 103.75

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01028 001 dated 06/18/97

NAME OF ACCOUNT: _____
45202130001453000000000010000

Statutory Authority for Collection 620.0182

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 Agency Signature and Title)