

# A9400000 1683

## 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>Fineman Realty Partners, Limited</u>	EIN or SS#: <u>65-0127081</u>	RECEIVED 97 OCT -8 PM 12:21 DIVISION OF CORPORATIONS
Address: <u>900 E. Spanish River Blvd., #5-C</u>		
<u>Boca Raton, FL 33431</u>		
Amount: <u>35.00</u>	Date Paid: _____	
Reason for Claim: <u>Refund due to an over payment of filing</u>		
<u>A94000001683/Fineman Realty Partners, Limited</u>		
<u>Kenny Manning/Registration</u>		
Certified true and correct this <u>30<sup>th</sup></u> day of <u>Sept</u> , 19 <u>97</u>		
Signature <u>Fineman Realty Partners [Signature]</u>		
* 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 \$ 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. 01090 001 dated 09/17/97

NAME OF ACCOUNT: \_\_\_\_\_  
45202130001453000000000010000

Statutory Authority for Collection 620.0182  
 It is requested that payment be made from the following account:

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

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

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