

A97000002148

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: Terri Grumer Sonn, Esq. EIN or SS#: _____
% Simon, Schindler & Sandberg
 Address: 2650 Biscayne Boulevard
Miami, FL 33137-4590

Amount: \$22.50 Date Paid: _____

Reason for Claim: Overpayment of filing fees for HARBOR MANOR, LTD. (A97000002148)

Registration Section/Diane Cushing

Certified true and correct this _____ day of _____, 19 _____.

Signature See Attached

* 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 \$ 22.50

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

State Treasurer's Receipt No. 01081 019 dated 10/06/97

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)

LAW OFFICES
SIMON, SCHINDLER & SANDBERG

A PROFESSIONAL ASSOCIATION
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TOBIAS SIMON (1929-1982)
STEPHEN M. CODY
THEODORE R. DEMPSTER
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ROGER J. SCHINDLER
TERRI GRUMER SONN
STEPHEN A. WAYNER

October 9, 1997

* ON DEPOSE
Diane Cushing
Document Specialist
Florida Division of Corporations
Bureau of Corporate Records
409 East Gaines Street
Tallahassee, Florida 32301

RE: Harbor Manor Ltd. Certificate of Limited Partnership

Dear Ms. Cushing:

Enclosed please find a copy of your correspondence to this law firm. Please return the additional funds to the undersigned as we no longer wish to have a certified copy.

Thank you for your attention to this matter.

Very truly yours,

SIMON, SCHINDLER & SANDBERG, P.A.

Terri Grumer Sonn
Terri Grumer Sonn, Esq.
For the firm

TGS:am
Enclosures
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