

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER

**B94000000001**

Section 215.26, Florida Statutes, states: "Any application for refund as provided in this section shall be filed with the Comptroller, except as otherwise provided here, within three 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: XCT Corporation order# 705796 EIN or SS#: 51-0006522

Address: 1633 PROPOSED A76 SHERMAN  
NY NY 10019

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

Reason for Claim: On 11/25/96 they attempted to file a R.A. change  
on WEST DALE NATIONAL ASSOCIATES, LIMITED

B94000000001.  
The R.A. CHANGE was rejected, and on 12/5/96, they decided to cancel the filing.

Certified true and correct this 6 day of Feb, 19 97 BK 12/05/96

Signature X [Signature]

\* 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. 01011 012 dated 11/25/96

NAME OF ACCOUNT: \_\_\_\_\_  
4520213000145300000000010000

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)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

November 26, 1996

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: WEST DALE NATIONAL ASSOCIATES, LIMITED  
Ref. Number: B94000000001

We have received your document for WEST DALE NATIONAL ASSOCIATES, LIMITED 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 status of WEST DALE NATIONAL ASSOCIATES, LIMITED was revoked on April 12, 1996, for failing to file the 1996 Annual Report.

To reinstate, please complete the enclosed reinstatement form. There is a \$500.00 penalty fee, and the partnership will also need to pay the Annual Report fees for the years 1996 and 1997.

Assuming that the contributions allocated for Florida remain at \$10.00, the total Annual Report fee for each year will be \$191.25. Therefore a total of \$882.50 is required to reinstate.

The Registered Agent can be changed at NO EXTRA COST on the Reinstatement form. As we are holding \$35.00 for this partnership, that can be applied to the reinstatement costs, and therefore the total amount which you should return with the completed reinstatement is \$847.50.

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 (904) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 996A00053537

Document Number Only

B9400000000001

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

700002013257--0

-11/25/96--01011--012

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

West Dale Associates

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit             |   |  |
| <input type="checkbox"/> Limited Liability Co. |   |  |
| <input type="checkbox"/> Foreign               | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other UCC Filing          |
| <input type="checkbox"/> Reinstatement         | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of P.A. |
|  |   | <input type="checkbox"/> Fic. Name                 |
| <input type="checkbox"/> Certified Copy        | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In    |   | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out              |   |  |

Name  
Availability

Document  
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EXTRA COPIES  
FILE STAMPED;

11-25

400789,