

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.

Name: MELOURNE SQUARE THRM MCAN INC EIN or SS#: 04-2763484

Address: 107 MILBROOK STREET
WORCESTER MA 01606

Amount: \$165.00 Date Paid 1-13-97

Reason for claim: Corp dissolved - no AR required F51125
SPT 5/21/97

Certified true and correct this 17th day of OCTOBER, 1997.

Signature Mary Beth Wilson

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

| For Agency Use Only | |
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| Agency recommends approval of above claim and submits the following information to substantiate the claim: | Amount of recommended refund \$ <u>165.00</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>96927/024</u> dated <u>05-12-97</u> | |
| Name of Account <u>4520213000145300000000010000</u> | |
| Statutory Authority for Collection <u>607</u> | |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT: <u>45202130001453000000022002000</u> | |
| Certified true and correct this _____ day of _____, 19____ | |
| Department of State, Division of Corporations (Agency) | _____ (Authorized Signature and Title) |