## F94000000228

## 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 7, 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: CRICRET NORTH AMERICA INC. EIN or SS#: 58-2050318

Address: 6600 West Broad Street, Richmond, Virginia 23230-1588

Amount: 6600 West Broad Street, Richmond, Virginia 23230-1588

Amount: 600 Date Paid Reason for claim: 600 Withdrew of Mr. 64 Wireld - F94.000000228

SPA 2/13/97

Certified true and correct this 19th day of February , 19 97

Signature 153 Stiles Licata, Secretary

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

For Agency Use Only  Agency recommends approval of above claim and submits the following information to  substantiate the claim: Amount of recommended refund \$1\text{1\text{0\text{5\text{0\tex		
Agency recommends approval of above claim and submits the following information to substantiate the claim:  Amount of recommended rejund \$ Ny5.00  The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasury's Receipt No. \$\frac{940}{452021300014530000000000000000000000000000000		For Agency Use Only
substantiate the claim: Amount of recommended refund \$ \( \begin{align*} \begin{align*} \begin{align*} \lambda \text{ amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasure's Receipt \( \lambda \), \( \begin{align*} \begin{align*} \lambda \lambda \text{ align*} \\ \lambda \text{ and align*} \\ \lambda \text{ align*} \\ \lambda  ali		
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasury: Receipt No. 9434   903   dated   92.96   451    Name of Account  1. It is requested that payment be made from the following account:  NAME OF ACCOUNT:  4 \$ 2.0 2.1 3.0 0.0 1.4 \$ 3.0 0.0 0.0 0.2 2.0 0.2 0.0 0.1  Certified true and correct his   day of   19   19   19   19   19   19   19   1		
State Trasser's Receipt No SWAN 1003 dated 02.306 = \$17  Name of Account  4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 1 0 0 0 0  Statutory Authority for Collection  JI is requested that payment be made from the following account:  NAME OF ACCOUNT:  A 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 2 2 0 0 2 0 0 0  Certified trie and correct his day of 199  Department of State: Division of Corporations		
Name of Account  45 2.0 2.1 3.0 0.1 4 5.3 0.0 0.0 0.0 0.0 10 0.0 0.0  Stantony Authority for Collection  GUT  It is requested that payment be made from the following account:  NAME OF ACCOUNT:  A 5 2.0 2.1 3.0 0.0 1.4 5.3 0.0 0.0 0.0 2.2 0.0 2.0 0.0  Certified true and correct his day of y/19  Department of State: Division of Corporations:		
Stantory Authority for Collection		State Treasurer's Receipt No. 64(34) U.O.S. dated .O.S. 06 . S. 1777.
Stantory Authority for Collection:		
Statutory Authority for Collection  List requested that payment be made from the following account:  NAME OF ACCOUNT:  45202.130001453000000022002000  Certified true and correct this  Gay of  Department of State- Division of Corporations		Name of Account
Statutory Authority for Collection  List requested that payment be made from the following account:  NAME OF ACCOUNT:  4 \$ 2.0.2.130.0014530000000220020000  Certified true and correct lists  On Of Compositions		
It is requested that payment be made from the following account:  NAME OF ACCOUNT:  45202.130001453000000022002000  Certified true and correct this day of  Department of State- Division of Comparations		
It is requested that payment be made from the following account:  NAME OF ACCOUNT:  45202.130001453000000022002000  Certified true and correct this day of  Department of State- Division of Comparations		Statutory Authority for Collection 4001
NAME OF ACCOUNT:  45202.130001453000000022002000  Certified true and correct this day of 19  Department of State- Division of Comparations		
NAME OF ACCOUNT:  45202.130001453000000022002000  Certified true and correct this day of 19  Department of State- Division of Comparations		
Certified true and correct ints    Comparison of Comparison of Comparisons   Comparisons   Comparison of Comparisons   Compariso	311	
Certified true and correct ints    Comparison of Comparison of Comparisons   Comparisons   Comparison of Comparisons   Compariso		
Certified true and correct his day of  Department of State: Division of Comparations		
Department of State: Division of Corporations		
Department of State: Division of Corporations	w	Certified true and correct his
Department of State: Division of Corporations  (Authorized Signature and Title)		
(Authorized Signature and Title)		Department of State: Division of Comorations
		(Agency) (Agency)