

Document Number Only

F 94000000331

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000002049000--9  
-01/07/97--01142--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Refund*

*Crim - Matthews Holdings, Inc.*

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Merger

☒ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other ucc Filing

☐ Change of R.A.

☐ Fic. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

*1-7-97*

N. HENDRICKS FEB 11 1997

CR2E031 (1-89)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

January 8, 1997

**CT CORPORATION SYSTEM**

**TALLAHASSEE, FL**

**SUBJECT: ORION-MATTSON HOLDINGS, INC.**  
**Ref. Number: F9400000331**

We have received your document for ORION-MATTSON HOLDINGS, INC. 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The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 1996 annual report. The corporation must be reinstated before this document can be filed.

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) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 697A00000851

CT CORPORATION SYSTEM

February 7, 1997

2 Oliver Street  
Boston, MA 02109  
Tel 617 482 4006  
Fax 617 482 2795

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Orion-Mattson Holdings, Inc.  
Order #726488

Dear Sir/Madam:

Reference is to your letter of January 8, 1997. The corporation does not wish to reinstate the above corporation.

Please issue a refund check in the amount of \$35.00 to C T Corporation System and forward to my attention.

Very truly yours,



Salvina Amenta-Gray  
Senior Customer Specialist

SAG  
Enclsoure

**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: CT CORPORATION SYSTEM EIN or SS#: \_\_\_\_\_

Address: ATTN. SALVINA AMENTA-GRAY  
2 OLIVER ST.

BOSTON, MA 02109

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

Reason for claim: CANCELLED REQUEST.

ORION-MATTSON HOLDINGS, INC.

F94000000331

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

Signature \_\_\_\_\_

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

<b>For Agency Use Only</b>		N. HENDRICKS 2/11/97
<i>Agency recommends approval of above claim and submits the following information to substantiate the claim:</i>		
		Amount of recommended refund \$ <u>35.00</u>
<i>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>01142-001</u> dated <u>1/7/97</u></i>		
<i>Name of Account</i> _____		
<b>4520213000145300000000010000</b>		
<i>Statutory Authority for Collection</i> <u>607-0122</u>		
<i>It is requested that payment be made from the following account:</i>		
<i>NAME OF ACCOUNT:</i> _____		
<b>45202130001453000000022002000</b>		
<i>Certified true and correct this _____ day of _____, 19 _____.</i>		
<i>Department of State, Division of Corporations</i>		
<i>(Agency)</i>		<i>(Authorized Signature and Title)</i>