

Document Number Only

G59798

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

500002283965--3

03/03/97--01055--020

*****35.00 *****35.00

CORPORATION(S) NAME

International Dental Plans Inc.

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other UCC Filing

☒ Change of R.A.

☐ Fic. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ After 4:30

☒ Pick Up

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EXTRA COPIES
FILE STAMPED

THANKS, MELANIE ☺

9.3 97

CR2E031 (1-89)

G59798

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 / Miller EIN or SS#: _____

Address: 660 East Jefferson Street
Tallahassee, FL 32301

Amount: \$35.00 Date Paid _____

Reason for claim: Document will not be filed; change already made.

INTERNATIONAL DENTAL PLANS, INC. (G59798)

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

Signature John St.

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

J.M. French - Amendments

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. 01055-020 dated 09/03/97

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 607-0122

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 Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1997

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: INTERNATIONAL DENTAL PLANS, INC.
Ref. Number: G59798

*Refund app
sent 9/11/97*

We have received your document for INTERNATIONAL DENTAL PLANS, 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 registered agent was changed to C T CORPORATION SYSTEM on the 1997 annual report which was filed September 4, 1997; therefore, it is not necessary to file this document.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 997A00044655



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 4, 1997

From C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: INTERNATIONAL DENTAL PLANS, INC.
Ref. Number: G59798

We have received your document for INTERNATIONAL DENTAL PLANS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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 (850) 487-6957.

To: Joy Moon-French
Corporate Specialist

Letter Number: 497A00044135

*WA 11-20
Pick-up 3:00
9-8-97
304
Please bring date
to 9-8-97*

RECEIVED
97 SEP - 8 AM 11:40
DIVISION OF CORPORATION