

L58663

**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.

**THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.**

Name: <u>Broadway Deli</u>	EIN or SS#: _____
Address: <u>147 E. Merritt Ave.</u>	
<u>Merritt Island, FL 32953</u>	
Amount: <u>\$35.00</u>	Date Paid: _____
Reason for Claim: <u>Withdrawal of amendment filing fee.</u>	
<u>S.Harris/Amendments</u>	
<u>BROADWAY DELI, INC., L58663</u>	
Certified true and correct this _____ day of _____, 19 _____.	
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. 01033--003 dated 05/14/97*

NAME OF ACCOUNT: \_\_\_\_\_  
**45202130001453000000000010000**

*Statutory Authority for Collection 607.0122*

*It is requested that payment be made from the following account:*

NAME OF ACCOUNT: \_\_\_\_\_  
**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

May 20, 1997

Broadway Deli  
147 E. Merritt Ave.  
Merritt Island, FL 32953

SUBJECT: BROADWAY DELI, INC.  
Ref. Number: L58663

We have received your document for BROADWAY DELI, 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):

Please clarify what the new name of the corporation will be. The symbol in between the H and the G is illegible. If it is suppose to be an abbreviation for "and", then the name H & G International, Inc. is unavailable and you will need to select a new name. Since the amendment was adopted by the board of directors, it must be signed by a director. Please list the title of Director along with President under the signature on the amendment.

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) 487-6908.

Steven Harris  
Corporate Specialist

Letter Number: 797A00027023

BROADWAY DELI  
147 E. MERRITT AVE.  
MERRITT ISL., FL 33453  
(407) 453-1334

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-05/14/97--01033--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other