

**M43579**  
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>THUNDERBIRD MOTEL INC</u>	EIN or SS#: <u>54-2758882</u>
Address: <u>650 4TH AVE</u>	
<u>BROOKLYN NY 11232</u>	
Amount: <u>\$35.00</u>	Date Paid: <u>6/18/97</u>
Reason for Claim: <u>Articles of Dissolution were filed on April 30, 1997, for</u>	
<u>THUNDERBIRD MOTEL, INC. (Document #M43579)</u>	
Certified true and correct this <u>9</u> day of <u>July</u> , 19 <u>97</u>	
Signature <u>Robert McKay</u>	

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

**LEJ AMENDMENT SECTION**

<i>Do Not Write in This Box - For Agency Use Only</i>	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>35.00</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>01112-007</u> dated <u>6-24-97</u>	
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection: <u>607.0122</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 Agency Signature and Title)

Requestor's Name

**AMERICAN MARITIME OFFICERS**  
690 FOURTH AVENUE  
BROOKLYN, NY • 11232

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 70000222067--0  
-06/24/97--01112--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
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

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

534  
\*787, 1795, 708, 671\*

Examiner's Initials