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 Sect Section , Florida Statutes, I hereby apply for a refund of moneys I paid in subject to refund. The following information is submitted to substantiate the claim.	nto the State treasury, which are
JOSEFA -GABRIEDES CAbiedes Name: ATTN: LOURDES EIN or	· SS#:
Address: 3132 W. 78 PLACE	
HIALEAH, FL 33018	
Amount: 35.00 Date Paid	
Reason for claim: <u>WITHDRAWAL OF FILING ARTICLES OF DI</u> MINISTRY OF SPIRITUAL RECONCILIATION, INC.,	
DECIDED NOT TO FILE	
Certified true and correct this 13 day of January	, 1997.
XXX Signature footfolieds	
* Must be completed if authority is other than Section 215.26, Florida St	Exactutes. K. GIBSON
For agency Use Only Seency recommends operional of apove chain and administry following of ormallo	
substantiale the claim; Amount of recommended refund \$ 45,000 mg. The amount requested glove was originally deposited into the State Treasury as a figure of the state Treasury	
Lie amount regiested above variong hally deposited into the State Treasury as at State Treasurer's needy No. 101.0755 00.92 ages 3212/80/2961	an of the funds deposited on
Name of Account 452 to 2 1/3 0/00/14/53 0/00/0 0/00/0 0/00/16/0	
Name of Account	
Name of Account 453 00 0.1 453 00 00 00 00 00 016 0	
Name of Account 4.52.0.2.1.3.00.0.1.4.5.3.0000.0.0.0.0.0.0.10.0 Statulory Authority for Collection If 17.4.2.1.2.2.1.3.0.0.3.1.4.5.3.0000.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	00
Name of Account 453 00 0.1 453 00 00 00 00 00 016 0	00 00 10 10 10 10 10 10 10 10 10 10 10 1
#52021300014553000000000000100 Statutory Authority for Collection Bis requested that payment be mide from the following resonate NAME OF ACCOUNTS 45202130001235300000000002200020	00
Name of Account 4.52.0.2.1.3.00.0.1.4.5.3.0000.0.0.0.0.0.0.10.0 Statulory Authority for Collection If 17.4.2.1.2.2.1.3.0.0.3.1.4.5.3.0000.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 9, 1997

JOSEFA CABRIEDES ATTN: LOURDES 3132 W. 78 PLACE HIALEAH, FL 33018

SUBJECT: MINISTRY OF SPIRITUAL RECONCILIATION, INC.

Ref. Number: N96000005673

We have received your document for MINISTRY OF SPIRITUAL RECONCILIATION, 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):

Your document is being returned as requested.

Enclosed is an application for refund.

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) 487-6880.

Letter Number: 997A00001103

Karen Gibson Corporate Specialist