

P 27546

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: C T Corporation System EIN or SS#: _____

Address: 1200 S. Pine Island Road
Plantation, FL 33324

Amount: \$35.00 Date Paid _____

Reason for claim: Document will not be filed.
Order # 778933

SUNSATIIONS SUNGLASS COMPANY (P27546)

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

Signature [Handwritten Signature]

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

Attn: 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. 01083-027 dated 04/08/97

Name of Account _____
452021300014530000000000010000

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)

Document Number Only

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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

00000021301711-3
-04/08/97-01093-027
*****35.00 *****35.00

Sensations Sunglass Company

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS/ G/S
- After 4:30
- Pick Up

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

4-8-97

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

97/02
09 APR 11:50
CORPORATION