

P27680

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 EIN or SS#: _____

Address: Attn: Salvina Amenta-Gray; 2 Oliver Street
Boston, MA 02109

Amount: \$35.00 Date Paid _____

Reason for claim: Document will not be filed.

BERKELEY HOTELS, INC. (P27680)

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

Signature See attached letter

* 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 \$ <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>01055-020</u> dated <u>06/20/93</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>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19_____.	
Department of State, Division of Corporations	(Agency)
	(Authorized Signature and Title)

CT CORPORATION SYSTEM
July 1, 1997

2 Oliver Street
Boston, MA 02109
Tel. 617 482 4006
Fax 617 482 2795

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Att: Joy Moon-French

RE: Berkeley Hotels, Inc.

Dear Joy:

Reference is to your letter dated June 20, 1997, copy attached.

The above corporation does not wish to reinstate in your state. Therefore, please provide us with a refund check in the amount of \$35.00 which we previously submitted to your office for filing the withdrawal.

Should you have any questions, please call me, 1-800-225-2034.

Very truly yours,



Salvina Amenta-Gray
Senior Customer Specialist

SAG
Enclosure



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 20, 1997

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: BERKELEY HOTELS, INC.
Ref. Number: P27680

We have received your document for **BERKELEY HOTELS, 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 subject corporation's authority was revoked in Florida on August 13, 1993 for failure to file its corporation annual report. To file a certificate of withdrawal, the corporation would first have to reinstate by completing a reinstatement application and paying a reinstatement fee of \$1410.00.

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) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 297A00033078

Document Number Only

P27680

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

200002218432--7

-06/20/97--01055--020

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

CORPORATION(S) NAME

Berkelen Hotels, Inc.

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other UCC Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fic. Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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

PLEASE RETURN EXTRA COPIES
FILE STAMPED

6-20

97 JUN 20 AM 11:44

RECEIVED