

Document Number Only

P 37628

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

800001731348
-03/04/96--01106--028
*****35.00 *****35.00

Refund
APP

Seven Seas Cruise Line, Inc.

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Dissolution/Withdrawal
- Merger
- Mark
- Limited Partnership
- Restatement
- Annual Report
- Reservation
- Other
- Change of N.A.
- Fictitious Name
- Certified Copy
- Photo Copies
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W.P. Verifier

3/4/94

PLEASE RETURN EXTRA COPY(S)
FILE STAMP

RECEIVED
98 MAR 1994
AM 11:43
CORPORATION

CH2E031 (1-89)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 5, 1996

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SEVEN SEAS CRUISE LINE, INC.
Ref. Number: P37628

We have received your document for SEVEN SEAS CRUISE LINE, 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The subject corporation's authority was revoked in Florida on August 25, 1995 for failure to file its corporation annual report.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 \$575.00.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1995 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1995 through the current year, \$138.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$575.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 1996 Annual Report and Supplemental Fee.

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.

Karen Gibson
Corporate Specialist

Letter Number: 796A00009604

**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#: _____
 Attn: Sonia Delgadillo
 Address: 1633 Broadway
New York, NY 10019

Amount: \$35.00 Date Paid _____
 Reason for claim: WITHDRAWAL OF FILING CERTIFICATE OF WITHDRAWAL
FOR SEVEN SEAS CRUISE LINE, INC., #P37628

Certified true and correct this 30th day of January

XXX Signature *Sonia Delgadillo*

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

KAREN GIBSON

RECEIVED
 97 FEB 11 AM 8:03
 DIVISION OF CORPORATIONS

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 recommended above was originally deposited into the State Treasury as a part of the funds deposited on State Treasury's Receipt No. DIS 06 02 dated 1/23/97

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 687.0122

I hereby request that payment be made from the following account:

NAME OF ACCOUNT _____
452021300014530000000022002000

Certified true and correct this 30th day of January 1997

Department of State Division of Corporations _____
 (Agency) (Authorized Signature and Title)