

P93000010428

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:	BUSINESS IMPRESSIONS, INC.	EIN or SS#:	
Address:	1500 AUSTRALIAN AVE RIVIERA BEACH, FL 33404		
Amount:	\$35.00	Date Paid:	
Reason for Claim:	Duplicate voluntary dissolution filing. S. Harris/Amendments		
	BUSINESS IMPRESSIONS, INC., P93-10428		
Certified true and correct this	18th	day of	APRIL, 1997
Signature	A. Martinelli, Treasurer		
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

<b>Do Not Write in This Box - For Agency Use Only</b>	
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. 01023--003 dated 04/03/97	
NAME OF ACCOUNT:	
4520213000145300000000010000	
Statutory Authority for Collection 607.0122	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	
45202130001453000000022002000	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

April 7, 1997

Ralph Laffler  
23 Cayman Pl.  
Palm Beach Gardens, FL 33418

**SUBJECT: BUSINESS IMPRESSIONS, INC.**  
Ref. Number: P93000010428

We have received your document for BUSINESS IMPRESSIONS, 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):

Our records show that this corporation was voluntarily dissolved on March 26, 1996. Please complete the enclosed refund application.

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) 487-6908.

Steven Harris  
Corporate Specialist

Letter Number: 797A00017302

Ralph Laffer  
Requestor's Name

23 Cayman Pl.  
Address

Palm Beach Gardens, FL 33418  
City/State/Zip Phone #

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
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

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-04/03/97--01023--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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