

P9400082815

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE:16
Address

MIAMI, FL 33174 (305)552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

96 SEP 23 AM 10: 57

DIVISION OF CORPORATION

Office Use Only

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

1. M & J COURIER SERVICES CORPORATION
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) Refund app

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input checked="" 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 |

300001953593
-09/23/96--01024--013
*****35.50 *****35.50

| 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 |

W96-999
OC
9/11



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 23, 1996

LAZARUS CORPORATE INDUSTRIES, INC.

MIAMI, FL

SUBJECT: M & J COURIER SERVICES CORP.
Ref. Number: P94000082815

We have received your document for M & J COURIER SERVICES CORP. and your check(s) totaling \$35.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 1995 annual report. The corporation must be reinstated before this document can be filed.

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: 696A00043743

**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: Tax Management Services Corp. EIN or SS#: _____

Address: 7925 N.W. 12 ST. SUITE: 324
Miami, FL 33126

Amount: \$ 35.00 Date Paid _____

Reason for claim: Decided not file Name Change Amendment
M & J Courier Services Corp.
P94000082815

Certified true and correct this 10 day of April, 19 97.

Signature [Signature]

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

K. GIBSON

| For Agency Use Only | |
|---|--|
| Agency recommends approval of above claim and submits the following information to substantiate the claim: | Amount of recommended refund \$ <u>35.50</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>01135014</u> dated <u>09/23/96</u> | |
| Name of Account | <u>4520213000145300000000010000</u> |
| Statutory Authority for Collection | <u>607.0122</u> |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT | <u>45202130001453000000022002000</u> |
| Certified true and correct this _____ day of _____, 19 _____ | |
| Department of State, Division of Corporations (Agency) | (Authorized Signature and Title) |