

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 to 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: JORGE LOPEZ EIN or SS#: \_\_\_\_\_

Address: 10550 N.W. 77 CT.

Hialeah, FL. 33016

Amount: \$ 35.00 Date Paid \_\_\_\_\_

Reason for claim: Decided not FILE

LEJEUNE HEALTH CENTER, INC.

P95000016450

Certified true and correct this 10 day of April, 1997

Signature [Signature]

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

**For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended award: \$35.00

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. 01084-002 dated 11/13/96

State Treasurer's Receipt No. 01084-002 dated 11/13/96

Name of Account

45202130001453000000000010000

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 12 day of February, 1964

Department of State, Division of Corporations

**(Agency)**

(Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 13, 1996

LAZARUS

MIAMI, FL

SUBJECT: LEJEUNE HEALTH CENTER, INC.  
Ref. Number: P95000016450

We have received your document for LEJEUNE HEALTH CENTER, 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):

This corporation was dissolved on August 23, 1996 for failure to file the 1996 Annual Report. The changes being made on the amendment should be made on the reinstatement form.

The total amount due to reinstate is \$375.00.

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) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 096A00051825

P95000016450

LAZARUS CORPORATE INDUSTRIES, INC.  
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16  
Address

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

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. LETUNE HEALTH CENTER, INC.  
(Corporation Name) (Document #)

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

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

000002002600--1  
-11/13/96--01084--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

☒ 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

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