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Pursuant to the provisions of Rule 3A.44.020, Florida Administrative Code, and Section 212.52, Florida Statutes, or subject to refund. The following information is subtantiated to substantiate the claim. Name: <u>PRO-GLO_TUDUSTRIAL_SERVICES</u> <u>PONOSSH. GS-06241111</u> Address: <u>4690 N. POWERLINE 2D</u> <u>POMPANO_SEACH_FL_33013</u> Amount: <u>1150.2000</u> Date Paid <u>817196</u> Reason for claim: <u>OUER PAID_FLUNK_FEEE 415D DUE</u> <u>PG50000 85500</u> <u>Crritified true and correctories</u> <u>21</u> fay of <u>AUGUST</u> , <u>19.96</u> . Signature <u>HUM_HUM_FEEEE</u> * Must be completed if authority is other than Section 215.26, Florida Statutes.	OFFICE OF THE COMPTROLLER	
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Address: <u>4690 N. POWERLINE RD.</u>	subject to refund. The following information is submitted to substantiate the claim	
POMPANO_BEACH_FL_33013         Amount:       150.000       Date Paid       8/7/96         Reason for claim:       OVER PAID       FLUNG FEE       415D       DUE         P050000 35500       OVER PAID       FLUNG FEE       415D       DUE         Certified true and correct this       0.1       Aug of       AUGUST       , 19.96         Signature       U.H.H.Hung       Pachoff       , 19.96       .         'Must be completed if authority is other than Section 215.26, Florida Statutes.       .       . <i>Part Agenog Der Ong</i> .       .       .         Agency recommende approval of above claim and submit the Statute information to sublamation to sublamation to submit the Statute information to Statute the claim.       .       .         Most be completed if authority is other to solo on general of the Statute information to Statute the claim.       .       .         Most of Account       .       .       .       .       .         Most of Account       .       .       .       .       .       .       .         Most of Account       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       <		
Amount: \$150.000 Date Paid 8/7/96 Reason for claim: <u>OVER PAID</u> FLUING FEE _ \$150 DUE PB50000 35500 Certified true and correct this 21 day of <u>AUGUST</u> , 19 96. Signature <u>UL D'Haup</u> <u>Prodect</u> * Must be completed if authority is other than Section 215.26, Florida Statutes. <i>FG Agency the One</i> Remove the completed if authority is other than Section 215.26, Florida Statutes. <i>FG Agency the One</i> Remove the completed if authority is other than Section 215.26, Florida Statutes. <i>FG Agency the One</i> <i>Remove the Completed of the Completed of the Section 215.26</i> , Florida Statutes. <i>Remove the Completed of the Completed of the Section 215.26</i> , Florida Statutes. <i>Remove the Completed of the Completed of the Completed of the Section 215.26</i> , Florida Statutes. <i>Remove the Completed of the Completed of the Completed of the Section 215.26</i> , Florida Statutes. <i>Remove the Completed of the Completed of the Completed of the Section 215.26</i> , Florida Statutes. <i>Remove of Account</i> <i>Remove of Account</i> <i>Remove of Account</i> <i>Resolution 1000000000000000000000000000000000000</i>		
Reason for claim:		
Certified true and correct this lay ofAUGUST, 19G. Signature lay df Real at, 19G. * Must be completed if authority is other that Section 215.26, Florida Statutes.	Reason for claim: OVER PAID FILING FEE - \$150 DUE	
Signature* Must be completed if authority is other than Section 215.26, Florida Statutes.           * Must be completed if authority is other than Section 215.26, Florida Statutes.         * Must be completed if authority is other than Section 215.26, Florida Statutes.         * Agency tecommends approval of above claim and submits the following information to authority for Commended refunds [50.00]         * Must be compression of the claim         * Most requests of doors was originally departied into the State Treasury, as a part of the functs deposited on State Treasury of the funct deposited on State Treasury of t	<u> </u>	Una de Cara
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refunds (50,01). The amount requested above was originally deposited into the state Treasury as a part of the funds deposited on State Treasurer's Receipt No. 0191-8-2	Signature_Kik Lifon Prodect	
452.02.13.00.01.45.300.000.00.00.0000 Statutory Authonity for Collection It is requested that payment be made from the following account: NAME OF ACCOUNT 4.52.102.13.00.01.45.33.00.00.00.02.2.00.20.00 Certified true and correct this day of 2000 and 2	Agency recommands approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund 3: 50:00 (). The amount requested above was originally deposited into the State Treasury: as a part of the funds deposited on State Treasure's Receipt No. 01940, 255, dated	
45202130001453000000022002000 Certified rule and correct this day of	4520213000145300000000000000000 Stautor/Autority for Collection	
Department of State. Division of Concentions	45202130001453000000022002000	
CR2E060(6/95)		

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