

P96000012511

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.

RECEIVED
DIVISION OF CORPORATIONS
97 SEP 22 PM 3:30

Name: Stuart Ferber, American Insurance Management EIN or SS#: _____

Address: 750 East Sample Road
Pompano Beach, FL 33064

Amount: \$115.00 Date Paid: _____
Decided not to file

Reason for Claim: Articles for RUPERT R. REID, INC. (W96000017631, Overpayment on articles
for BEN PAVERS, INC. (P96000021792), MONSAN CORP. (P96000012511), KEVIN L. EBRIGT,
INC. (P97000002081), FLORIDA BUILDING & DESIGN, INC. (P96000090802). Request refund.

Certified true and correct this _____ day of _____, 19 _____.

Signature _____

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

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 115.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

--01056--013 --02/06/96

State Treasurer's Receipt No. --01087--005 dated --08/20/96 --01113--020 --01/03/97

--01116--001 --03/07/96 --01073--022 --11/01/96

NAME OF ACCOUNT: _____

45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)