

P9700000 4592



BITCORE

Software Development • Systems Design

12028 SW 75 ST
Miami, FL 33183

City/State/Zip

Phone #

Office Use Only

Refund
apd

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

1. _____ (Corporation Name) _____ (Document #) DRG 10/14/
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

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

200002293362--4
-09/15/97--01125--010
*****70.00 *****35.00

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 22, 1997

BITCORE
12028 SW 75 STREET
MIAMI, FL 33183

SUBJECT: BITCORE INC.
Ref. Number: P97000004592

We have received your document for BITCORE 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 do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Enclosed is an application for refund.

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 (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 597A00046855

RECEIVED
97 OCT 10 AM 9:25
DIVISION OF CORPORATIONS

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

COPY

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: <u>BITCORE INC.</u>		EIN or SS#: <u>65-0726980</u>
Address: <u>12028 SW 75 STREET</u>		
<u>MIAMI, FL 33183</u>		
Amount: <u>\$35.00</u>	Date Paid: <u>4-25-97</u>	
Reason for Claim: <u>UNNECESSARY FILING OF OFFICER/DIRECTOR RESIGNATION FOR</u> <u>BITCORE INC., , P97000004592</u>		
Certified true and correct this <u>26</u> day of <u>Sep</u> , 19 <u>97</u>		
Signature <u>[Signature]</u>		
* Must be completed if authority is other than Section 215.26, Florida Statutes.		K. GIBSON

<i>Do Not Write In This Box - For Agency Use Only</i>	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund:	<u>\$35.00</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>01125010</u> dated <u>09/15/97</u>
NAME OF ACCOUNT: <u>452021300014530000000000010000</u>	
Statutory Authority for Collection: <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	
(Agency)	(Authorized Agency Signature and Title)

P97000004592

BitCore

Requestor's Name

12028 SW 15th ST.

Address

Miami FL 33183

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 #)

Refund ~~NO~~
REG
10/14

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300002293363--1
-09/15/97--01125--010
*****70.00 *****35.00



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Secretary of State

September 22, 1997

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Karen Gibson
Corporate Specialist

Letter Number: 497A00046851

Copy

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Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)