

SRC  
Roll #  
2-1654

P97000025099

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: Adem A. Albra EIN or SS#: \_\_\_\_\_

Address: 921 Center Street

Key West, FL 33040

Amount: \$122.50 Date Paid \_\_\_\_\_

Reason for claim: Overpayment, 2 checks sent for articles

CORVO ENTERPRISES, INC.

S. TALA/NEW FILINGS

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

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 refund \$122.50

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. -01028-005 dated 11/05/97

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 \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Department of State, Division of Corporations  
(Agency)

\_\_\_\_\_  
(Authorized Signature and Title)