

P97000038479

Law Offices

F. Lorraine Jahn, P.S.I.

1825 Ponce de Leon Blvd., Suite 217

Coral Gables, FL 33134

Copyright

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
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4. _____
(Corporation Name) (Document #)

☐ Walk in

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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

300002314693--E
-10/08/97--01043--002
*****87.50 *****87.50

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

Examiner's Initials

**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.

Name: F. LORRAINE JOHN, P.A. EIN or SS#: _____

Address: 1825 PONCE DE LEON BLVD., STE.217
CORAL GABLES, FL 33134

Amount: \$87.50 Date Paid: 10/8/97

Reason for Claim: DOCUMENT ALREADY FILED FOR RESIGNATION OF AGENT
#P97000038479
CHERYL COULLIETTE/AMENDMENTS

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 \$ 87.50

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

State Treasurer's Receipt No. 01043 002 dated 10/08/97

NAME OF ACCOUNT: _____
45202130001453000000000010000

Statutory Authority for Collection 607.0122

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

NAME OF ACCOUNT: _____
452021300014530000000022002000

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

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)

LAW OFFICES

F. Lorraine Jahn, P.A.

PLEASE REPLY TO
1825 PONCE DE LEON BOULEVARD
SUITE 217
CORAL GABLES, FLORIDA 33134

WRITER'S DIRECT LINE (305) 443-6180
FACSIMILE (305) 443-0701

October 18, 1997

Cheryl Coulliette
Fla. Dept of State,
P.O. Box 6327
Tallahassee, FL 32314

Re: Damiano Group, Inc.

Dear Ms. Coulliette:

Attached is a copy of correspondence I received from your office stating that there was no need to file a resignation of Registered Agent of the captioned corporation. When I submitted my resignation, it was accompanied by a check in the amount of \$87.50. I did not receive this check back when you notified me that you would not be filing this documents.

Please contact me to discuss how I can receive a refund of \$87.50.

Very truly yours,

F. LORRAINE JAHN, P.A.

F. Lorraine Jahn
F. Lorraine Jahn

FLJ/db
Encl.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 13, 1997

F. LORRAINE JAHN, P.A.
1825 Ponce De Leon Blvd.
Suite 217
Coral Gables, FL 33134

SUBJECT: DAMIANO GROUP, INC.
Ref. Number: P97000038479

We have received your document for DAMIANO GROUP, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 997A00050074