

P97000044091

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:	<u>CT Corporation System</u>	<u>AHA: Melanie</u>	EIN or SS#:	_____
Address:	<u>660 East Jefferson Street</u> <u>Tallahassee, Florida 32301</u>			
Amount:	<u>\$35.00</u>	Date Paid:	_____	
Reason for Claim:	<u>decided not to file Articles of Merger for MERCI</u> <u>BEAUCOUP, INC. (P97000044091)</u>			
Certified true and correct this <u>30<sup>th</sup></u> day of <u>September</u> , 19 <u>97</u>				
Signature <u>Melanie</u>				
* 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: <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>01041-026</u> dated <u>9-19-97</u> <u>AJH</u>	
NAME OF ACCOUNT:	<u>45202130001453000000000010000</u>
Statutory Authority for Collection:	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100002298061--8

-09/19/97--01041--026

\*\*\*\*\*35.00 \*\*\*\*\*35.00

100002298061--8

09/19/97--01041--027

\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Melci Brannoupe, Inc*

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☒ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other UCC Filing

☐ Change of R.A.

☐ Fic. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.F. Verifier

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

THANKS, MELANIE ☺

919-97

RECEIVED  
97 SEP 19 AM 11:37  
DIVISION OF CORPORATION

CR2E031 (1-89)

\*00789, 00524, 00561, 02277  
00672