

P 990000 78692

a Replacement check,

September 17, 1999

900002993629--2
-09/22/99--01053--005
*****78.75 *****78.75

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

In re: 405 Mar, Inc.

Dear Sir/Madam:

Enclosed please find check #04 in the amount of \$78.75 which represents the replacement check for the filing fee in connection with the above referenced corporation (copy of the articles of incorporation enclosed herein for reference).

The check originally forwarded to you was a check drawn on an OLDE Discount Corporation account. I was unaware that federal regulations prohibit a check on this account be less than \$500.00.

Please accept this replacement check and I apologize for any inconvenience this error may have caused.

Sincerely,



Arnold Lieberman

AL/mh

**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: 405 Mar Inc. EIN or SS#: _____
 Attn: Arnold Lieberman

Address: 200 Willard St.

Cocoa, Fl. 32922

Amount: \$48,145 Date Paid: 099000078692

Reason for Claim: Corporation mailed in a replacement check thinking original check mailed in 8/30/99 would be returned, from their Bank. It was not returned.

Certified true and correct this _____ day of _____

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 \$ _____

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

State Treasurer's Receipt No. _____ *dated* _____

NAME OF ACCOUNT: _____
4520213000145300000000010000

Statutory Authority for Collection _____
It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
4520213000145300000022002000

Certified true and correct this _____ *day of* _____

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