

S57910

3-14-97

Sandra Mortham  
Secretary of State  
Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

80000021132383---E  
-03/20/97- 01000- 001  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

RebunDAD  
TRB  
4/18

Re: Dissolution of TheraDesigns Corporation

Ms. Mortham:

Enclosed please find Articles of Dissolution form for dissolution of TheraDesigns Corporation and copy of document # S57910. Filing fee and certificate of status fee also enclosed.

Please advise if anything else is required, if not we will assume that the TheraDesigns corporation is dissolved.

Sincerely,



Denise Kilburn  
Vice-President  
TheraDesigns, Inc.  
107 Audubon Road S.E.  
Winter Haven, Fl. 33880



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 24, 1997

DENISE KILBURN  
THERADESIGNS, INC.  
107 AUDUBON ROAD SE  
WINTER HAVEN, FL 33880

SUBJECT: THERADESIGNS, INC.  
Ref. Number: S57910

We have received your document for THERADESIGNS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THIS CORPORATION HAS ALREADY BEEN DISSOLVED ON 12/30/96. THE TAPE FOR THE 1997 ANNUAL REPORTS WAS RUN IN EARLY DECEMBER. THEREFORE THE CORPORATION WAS SENT AN ANNUAL REPORT.

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 (904) 487-6880.

Karen Gibson  
Corporate Specialist

Letter Number: 297A00014634

**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: DENISE KILBURN, VP EIN or SS#: 324-46-9767  
THERA-DESIGNS, INC.

Address: 107 AUDUBON ROAD SE  
WINTER HAVEN, FL 33880

Amount: 43.75 Date Paid 3/14/97

Reason for claim: UNNECESSARY FILING OF VOLUNTARY DISSOLUTION,  
DISSOLUTION ALREADY FILED 12/30/96.

#S57910

Certified true and correct this 8 day of April, 19 97.

XXX

Signature Denise Kilburn

\* 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 \$ <u>43.75</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>01088 001</u> dated <u>03/20/97</u>	
Name of Account	<u>4520213000145300000000010000</u>
	<u>607.0122</u>
Statutory Authority for Collection	<u></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 Signature and Title)