

S78680

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: Lefkowitz & Blaher, P.A., Trust Account EIN or SS#: \_\_\_\_\_

Address: 430 North Mills Avenue  
Orlando, FL 32803

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

Reason for claim: Document will not be filed.

MAREXEL CORPORATION (S78680)

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

Signature refund requested by phone

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

Attn: J.M. French - Amendments

*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 Treasury's Receipt No. 01014-002 dated 12-31-96

Name of Account: \_\_\_\_\_  
4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 1 1 0 0 0 0

Statutory Authority for Collection: 607.0122

It is requested that payment be made from the following account

NAME OF ACCOUNT: \_\_\_\_\_  
4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 2 2 0 0 2 0 0 0

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

Department of State - Division of Corporations \_\_\_\_\_  
(Agency) (Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 10, 1997

LEFKOWITZ & TOPHAM, P.A.  
ATTN: IVAN M. LEFKOWITZ  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803

SUBJECT: MAREXEL CORPORATION  
Ref. Number: S78680

We have received your document for MAREXEL CORPORATION and check(s) totaling \$315.00 of which \$122.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The records of this office show that the merging corporation MEDICAL EQUIPMENT RENTALS, INC., was administratively dissolved for failure to file its 1995 corporation annual report. This entity must be reinstated before this document can be filed. The total amount due to reinstate is \$575.

Please note: The fees to reinstate increased January 1, 1997. An application for reinstatement must be submitted within the next 60 days to avoid paying the higher fees.

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) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 397A00001367

# S 78680

*Ivan N. Lefkowitz*  
**LEFKOWITZ, KOLTUN & TOPHAM, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW  
430 NORTH MILLS AVENUE  
ORLANDO, FLORIDA 32803

*407-425-1972*

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

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

000002041630--1  
-12/31/96--01014--002  
\*\*\*\*315.00 \*\*\*\*122.50

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	
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