

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

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.

Address: 430 North Mills Avenue  
Orlando, FL 32803

Reason for claim: Document will not be filed.

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

\* 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 \$ 122.55

The amount requested above was originally deposited into the State Treasury as a part of the fund(s) identified by State treasurer's Receipt No. 01014-002, dated 12/31/96.

Name of Account 452021300014530000000000000000

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 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