## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PS 10 F2



#### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

#### P01000099148 **DOCUMENT #**

1. Corporation Name

### MICHAEL SHEARER MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED

02 NOV -7 AM 11: 47

SCURETARY OF STATE TALLAHASSEE, FLORIDA

800008866248 11/07/02--01049--005 \*\*150.00



6750 NW 21ST TERRACE FT. LAUDERDALE FL 33309		6750 NW 21ST TERRACE FT. LAUDERDALE FL 33309						
If above	addresses are incorrect in any way, line t incipal Office Address, If Applicable	hrough incorrect	information and en	ter correction below.	· = =	<del></del>	J	٠ــــــــــــــــــــــــــــــــــ
_ "			w Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     10/11/2004			
uite, Apt.	#, etc.	Suite, Apt. #, etc.			10 DO Busi	ness in Florida	10/11/20	)01
ity & Stat			City & Chair			5. FEI Number		Applied For
		City & State		··········	65-1147410			Not Applicable
ip	Country	Zip	Cou	intry	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Addit	tional Fee required
. Names	and Street Addresses of Each Officer and	I/or Director (Flo	orida nonprofit com	orations must list at lea	st 3 directors)			incate of Status
Title(s)	Blome of Officers		Street Address of Each Officer and/or Director			City	/ State / Zip	<u> </u>
DPST	SHEARER, MICHAEL		6750 NW 21ST TERRACE			FT. LAUDERDALE FL 33309		
	·			K	Rialis			
	8. Name and Address of Current	Registered Age	nt		9Name and A	ddress of New Register	od Agent ===	
TOLLEY	, shawn			Name				
	DIXIE HWY., STE. 1061			Street Address (P.	O. Box Number is	s Not Acceptable)		
	GABLES FL 33146	Street Address (P.O. Box Number is Not Acceptable)  9200 S. DAOSLAND BLJD			5			
	W.D.E.O   E 00   40		Suite, Apt. #, Etc.				\{\bar{\xi}	
				City	<del></del>		ate   Zip Coo	do
				MiAmic		i F	[	3156
ature of	·	TURE			gations of Sectio	n 607.0505, F.S. or 617.0	505, F.S.	
certify th	at I am an officer or director or the receive	er or tructoe ami		this application as pro-	vided for in chap	ter 607 or 617. F.S. I furth	er certify the	t when filling
ed by t	atement application, the reason for dissol he corporation have been paid and the n plication is true and accurate, and my cin	ution has been e ames of individua	liminated, the corp als listed on this fo	orate name satisfies the m do not qualify for an	requirements o	f section 607.0401 or 617.	0401, F.S., t	hat all fees

pature shall have the same legal effect as if made under oath.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

P320F2

# Tolley & Zirilli, P.A. CERTIFIED PUBLIC ACCOUNTANTS

99551 OVERSEAS HWY • SUITE 200 KEY LARGO, FL 33037 OFFICE 305.451.4000 • FAX 305.451.9896 9200 S. DADELAND BLVD • SUITE 204 MIAMI, FL 33156 OFFICE 305.670.1001 • FAX 305.670.1888

October 31, 2002

Division Of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Taxpayer:

Michael Shearer Management, Inc.

Address:

6750 NW 21st Street

Ft. Lauderdale, FL 33009

Document #:

P01000099148

F.I.N.

65-1147410

To Whom It May Concern:

For reasonable cause, Taxpayer, Michael Shearer Management, Inc., respectfully requests abatement all penalties, interest and reinstatement charges pertaining to your Certificate Of Administrative Dissolution Or Revocation October 4, 2002, for the above referenced company.

Enclosed is taxpayer's check number 1826 in the amount of \$150.00 for the annual report filing fee.

Taxpayer did not receive the form for the 2002 Annual Report. The address of the registered agent changed. Please correct your records to reflect the new address for the Registered Agent.

Please waive and abate the penalties, interest and reinstatement changes for this corporation. Please feel free to contact me with any questions.

Respectfully,

Shawn W. Tolley, C.P.A.

File: T-Michael Shearer Management (FDOR) 10-31-02