

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000099148

1. Corporation Name

MICHAEL SHEARER MANAGEMENT, INC.

Principal Place of Business

6750 NW 21ST TERRACE
FT. LAUDERDALE FL 33309

Mailing Address

6750 NW 21ST TERRACE
FT. LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2001

5. FEI Number

65-1147410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

City / State / Zip
4

DPST

SHEARER, MICHAEL

6750 NW 21ST TERRACE

FT. LAUDERDALE FL 33309

300024330403
10/31/03--01032--016 **150.00

8. Name and Address of Current Registered Agent

TOLLEY, SHAWN
9200 S DADELAND BLVD
204
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

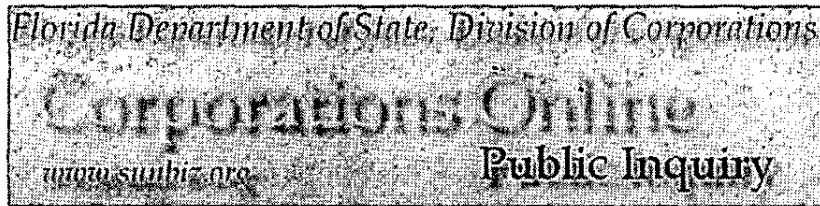
FILED

03 OCT 31 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2ED40 (7/03)



Florida Profit**MICHAEL SHEARER MANAGEMENT, INC.**

PRINCIPAL ADDRESS
6750 NW 21ST TERRACE
FT. LAUDERDALE FL 33309

MAILING ADDRESS
6750 NW 21ST TERRACE
FT. LAUDERDALE FL 33309

Document Number
P01000099148

FEI Number
651147410

Date Filed
10/11/2001

State
FL

Status
INACTIVE

Effective Date
NONE

Last Event
ADMIN DISSOLUTION FOR
ANNUAL REPORT

Event Date Filed
09/19/2003

Event Effective Date
NONE

Registered Agent

Name & Address
TOLLEY, SHAWN 9200 S DADELAND BLVD 204 MIAMI FL 33156
Address Changed: 11/07/2002

Officer/Director Detail

Name & Address	Title
SHEARER, MICHAEL 6750 NW 21ST TERRACE FT. LAUDERDALE FL 33309	DPST

Annual Reports

Report Year	Filed Date
2002	11/07/2002

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No Name History Information

Document Images

Listed below are the images available for this filing.

11/07/2002 -- COR - ANN REP/UNIFORM BUS REP

10/11/2001 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)

Tolley & Zirilli, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

99551 OVERSEAS HWY • SUITE 200
KEY LARGO, FL 33037
OFFICE 305.451.4000 • FAX 305.451.9896

October 22, 2002

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

Taxpayer:	Michael Shearer Management, Inc.
Address:	6750 NW 21 st Terrace Ft. Lauderdale, FL 33309
Document #:	P01000099148
F.I.N.:	65-1147410

To Whom It May Concern:

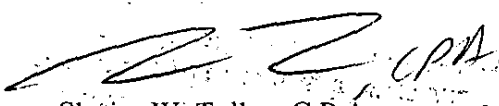
For reasonable cause, Taxpayer, Michael Shearer Management, Inc., respectfully requests abatement all penalties, interest and reinstatement charges pertaining to your Certificate Of Administrative Dissolution Or Revocation September 19, 2003, for the above referenced company.

Enclosed is taxpayer's check number 1165 in the amount of \$150.00 for the annual report filing fee.

Taxpayer has filed all previous Annual Reports. Unfortunately, taxpayer did not receive the form for the 2002 Annual Report. The form should have been forwarded to the registered agent. The address of the registered agent changed or it was misplaced by employees.

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, Inc. (Fl Sec State) 10-22-03