

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35866

1. Corporation Name

TOM MICHAELS & ASSOCIATES, INC.

Principal Place of Business

2231 VICTORY LANE
BIRMINGHAM AL 35216

Mailing Address

2231 VICTORY LANE
BIRMINGHAM AL 35216



REINSTATEMENT 97

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.

P.O. BOX 360505

City & State

BIRMINGHAM, AL

Zip

35236

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1991

5. FEI Number

63-0874709

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	MICHAELS, THOMAS D.	2231 VICTORY LANE	BIRMINGHAM AL
DS	MICHAELS, JUDITH V.	2231 VICTORY LANE	BIRMINGHAM AL

200002358252-9
-11/26/97--01094--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MICHAELS, ANNE E
1101 GOLF BREEZE PARKWAY
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name

RANDALL BARNES

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

5514 NO. DAVIS HIGHWAY

Suite, Apt. #, Etc.

SUITE A106

City

PENSACOLA

State

FL

Zip Code

32503

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.

Signature of
Registered Agent

Randall Barnes

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for Information
on Intangible tax.)

12. 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:

Thomas D. Michaels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/97 2059854584

CR2E040 (3/97)