

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35866

1. Corporation Name

TOM MICHAELS & ASSOCIATES, INC.

Principal Place of Business

2231 VICTORY LANE
BIRMINGHAM AL 35216

Mailing Address

P.O. BOX 360505
BIRMINGHAM AL 35236

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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 3	City / State / Zip 4
DP	MICHAELS, THOMAS D.	2231 VICTORY LANE	BIRMINGHAM AL
DS	MICHAELS, JUDITH V.	2231 VICTORY LANE	BIRMINGHAM AL

900003568529--7
-01/24/01--01004--011
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

BARNES, RANDALL
5514 N. DAVIS' HIGHWAY
SUITE A103
PENSACOLA FL 32503

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.

Signature of
Registered Agent

Randall Barnes
REGISTERED AGENT MUST SIGN

Date

1/11/01

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:

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

Date

Daytime Phone #

1/08/01 205-985-4584
KE

CR20040 (8/00)

Tom Michaels & Associates, Inc.

20f2

2231 Victory Lane, Suite 100, 35216 ■ P.O. Box 360505, Birmingham, Alabama 35236-0505 ■ (205) 985-4584 ■ FAX: (205) 985-4586

January 8, 2001

Florida Department of State
Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

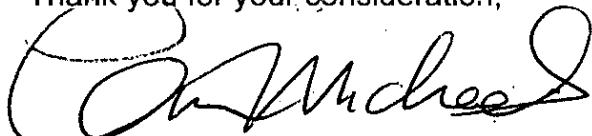
To Whom It May Concern:

Tom Michaels and Associates received this notice of revocation. Unfortunately we never received the original request to file a corporation annual report/uniform business report.

We have had many personnel changes in the last few months and have just found this notice. We have filed with the State of Florida since 1991 and would never purposely ignore a filing deadline.

We are enclosing 300.00 and hope you will consider waiving the remainder.

Thank-you for your consideration,



Tom Michaels