

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

APPLICATION  
FOR

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

2000-01 UBR

FILED  
01 JAN 16 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2000-01 UBR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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 Zip Code  
FL

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

1/08/01 205-985-4584  
Date Daytime Phone #

KE

CR2EC040 (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

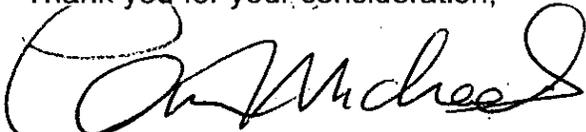
To Whom It May Concern:

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