

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000043635

Entity Name: MICHAELS INSURANCE AGENCY, INC.

FILED  
Oct 04, 2005  
Secretary of State

**Current Principal Place of Business:**

5944 34TH STREET NORTH STE. 25  
ST. PETERSBURG, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

5944 34TH STREET NORTH STE. 25  
ST. PETERSBURG, FL 33714

**New Mailing Address:**

FEI Number: 59-3578019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHAELS, SHIRLEY  
5944 34TH ST N STE 25  
SAINT PETERSBURG, FL 33714 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHIRLEY MICHAELS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MICHAELS, SHIRLEY  
Address: 5944 34TH STREET NORTH STE. 25  
City-St-Zip: ST. PETERSBURG, FL 33714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OWNE (X) Change ( ) Addition  
Name: MICHAELS, SHIRLEY  
Address: 5944 34TH STREET NORTH STE. 25  
City-St-Zip: ST. PETERSBURG, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY MICHAELS

Electronic Signature of Signing Officer or Director

OWNE

10/04/2005

Date