

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

98 DEC 21 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P26430**

1. Corporation Name

**BAILEY-CORLEY & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

530 BEACON PARKWAY, WEST  
SUITE 701  
BIRMINGHAM AL 35209

530 BEACON PARKWAY, WEST  
SUITE 701  
BIRMINGHAM AL 35209

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



**REINSTATEMENT** *JB*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-0658410

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CORLEY, LAWRENCE L.	530 BEACON PARKWAY W 701	BIRMINGHAM AL 35209
			100002724091--9 -12/28/98--01115--019 *****561.25 *****561.25
			100002724091--9 -12/28/98--01115--020 *****38.75 *****38.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Barbara A. Burke*

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

12-11-98

REGISTERED AGENT MUST SIGN

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)(l), 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:

*Lawrence L. Corley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LAWRENCE L. CORLEY

11-13-98 205-945-1881

Date

Daytime Phone #

CR2ED40 (9/98)