

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 FEB 11 PM 1:35

SECRET
CALL AREA...

DOCUMENT # P 11 0000 745 88

1 Corporation Name
24/7 Bail Bonds Inc.

2 Principal Office Address - No P.O. Box #
2245 IRLO BRONSON
MEM. HWY EAST

3 Mailing Office Address
2245 IRLO BRONSON
MEM HWY. EAST

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34744

Country
OSCEOLA

Zip
34744

Country
OSCEOLA

200824913242
02/15/19--01002--008 **1500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 08.22.11

5. FEI Number
80-0751094

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Monica Fernandez
Street Address (P.O. Box Number is Not Acceptable)
2245 IRLO BRONSON MEM. HWY EAST
City
Kissimmee
State
FL
Zip Code
34744

8 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Monica Fernandez* Date 02.04.19
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Monica Fernandez	2245 IRLO BRONSON MEM. HWY EAST KISS, FL 34744	KISS, FL 34744

REINSTATEMENT 10

2014-2019

10 E-mail Address: MOFER3@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Monica Fernandez* Date 02.04.19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-756-2301