MAY-15-2008 01:59P FROM:CAROL MITCHELL AND A 7278429901 TO:8496735 P.1

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099690

1. Entity Name
A PLUS BAIL BONDS & INVESTIGATIONS INC.

Principal Place of Business
7337 LITTLE ROAD
NEW PORT RICHEY, FL 34654

Mailing Address
7337 LITTLE ROAD
NEW PORT RICHEY, FL 34654

05152008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3608896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: JAMES A MCFADDEN SR
Street Address (P.O. Box Number is Not Acceptable): 7337 LITTLE RD
City: NEWPORT RICHEY FL FL Zip Code: 34654

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JAMES A MCFADDEN SR 3 SEPT 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MCFADDEN, JAMES A SR. 7337 LITTLE ROAD NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200136928172 10/15/08--01003--008 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MCFADDEN, COLLETTE A 7337 LITTLE ROAD NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07-08 KS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JAMES A MCFADDEN SR 3 SEPT 08 727 849 7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS