· ·	PLE/	ASE READ	ALL INST	RUCTION	SNC	BE	FORE	ΞC	OMPLET	ING THIS F	ORM.		
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DOCUMENT # 388693 1. Corporation Name								_		ĖŒ	ED	0	
									98 JUL 15	AHH: 25			
								GEOMETRIAL OF STATE TALLARY/SOBEL FLORIDA					
FLOW	VER S BAIL I	BONDS, IN	C.							TALLAHASSI	ii) I LUNIUM		
Principal Place of Business Mailing Address													
1600 Suite Miami		NW N River Dr. 100 , Florida 33125											
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									4. Data Incorn	orated or Qualified			
Suite, Apt.	etc.				_	To Do Busir	ness in Florida	09/21/	71				
City & Stat					_{-	5. FEI Number			Applied For				
Zip	Country				_	59-165		\$8.75 Addi	Not Applicable tional Fee required				
	Count	· 	Zip					1		OF STATUS DESIRE	for a Cer	lificate of Status	
Title(s)	Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N				City / State / Z _{ID}				
PD	FLOWERS, CHARLES J			Sui 1600 NW N River					te 100	Miomi	Florida	33125	
ST	FLOWERS,			1600					Dr te 100	<u>.</u>		_ 33123	
						•					Florida	33125	
D LEE, ANNIE MALLARD				3058 NW 61st StRE				tR.	EET Miami, Florida 33142 80000259 47 58-3				
 -										~07/22.	/980100 5 -00 ***	5กาก	
										34	15-97) 	
				ļ						1 1			
	8. Name and A	ddress of Current	Registered Age	nt					9. Name and A	ddress of New Re	gister ed Agent		
	FLOWERS, C					Nan		-75	5 d U				
	LOOO NW N MIAMI, FLO	NIT106					100025		8				
•			Suite, Apt. #, Etc.		-07/22/ ****15	9801009 0-00-***	5009 *150-00						
						City					0,00 *** State Zip c	ლ <u>ე</u> ას. ას — ~	
10. I, bein Signature of Registered	g app ointed the register of A ge nt	-				th and	accept th	ne obl	ligations of Section	Date			
11. Th	11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.									(See other side for information on intangible tax.)			
12. I certify this removed b	r that I am an officer or istatement application, y the corporation have application is true and a	director or the receive the reason for disso	ver or trustee em lution has been names of individ	powered to e eliminated, th uals listed on	xecute t e corpo this forr	rate na n do n	plication ame satis of qualify	as profies the	ovided for in chap ne requirements n exemption und	of section 607.0401 er section 119.07(3	i. I further certify the or 617.0401, F.S. (i), F.S. The infor	nat when filing , that all fees mation indicated	
SIGNAT	riibe.									07/06	/90		
SIGNA	CHARI		NTED NAME OF S OWERS	IGNING OFFIC	ER OR D	IRECT	OR			07/06 Date	Daytime Phi	6-1718	

Flowers Bail Bonds, Inc.



July 3, 1998

1600 N.W. No. River Drive Suite 100 Miami, Florida 33125 Tel. 305-326-1118

Division of Corporations P. O. Box 6327 Tallahassee, FI 32314

RE: REINSTATEMENT OF CORPORATION
FET Number 59-1654324

Dear Mr. Slogan:

Per our conversation on the telephone on 06/29/98, I informed you that I never received my yearly Corporation Annual Report application for the Years of 1997 and 1998.

My address is still the same for the past 27 years. We have never missed filing our Annual Report since 1971 and should not be penalized.

I am sending a check in the amount of \$ 165.00 for 1997 and a check in the amount of \$150.00 for 1998 so that my Corporation can be reinstated.

Attached you will find the completed Application for Reinstatement form that you submitted to me.

I'm trusting that this will put my corporation back in good standing with the State of Florida. I sincerely appreciate your efforts in this matter.

Sincerely yours,

Charles J. Flowers President