

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006717

1. Corporation Name

BAIL USA, INC.

Principal Place of Business

157 MAIN STREET
PO BOX 806
GREENVILLE PA 16125

Mailing Address

157 MAIN STREET
PO BOX 806
GREENVILLE PA 16125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1998

5. FEI Number

25-1430258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	CHILDS, HARVEY K	157 MAIN STREET	GREENVILLE PA 16125
VST	BURNS, CHERYL L	157 MAIN STREET	GREENVILLE PA 16125

700003018867-9
-10/19/99--01083--012
*****758.75 *****758.75

8. Name and Address of Current Registered Agent

MANG, DOUGLAS A
660 EAST JEFFERSON ST
TALLAHASSEE FL 32302

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

Douglas A. Mang
REGISTERED AGENT MUST SIGN

Date 10/15/99

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., 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)(i), 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:

Cheryl L. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cheryl L. Burns

10-13-99 724-588-4377
Date Daytime Phone #

REINSTATEMENT 99 AT



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 18 AM 11:25

SIGNED
AND
FILED