

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUL 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J94730

1. Corporation Name

NATIONWIDE BAIL BONDS, INC.

Principal Place of Business

1704 N.W. 7TH STREET
MIAMI FL 33125
US

Mailing Address

1704 N.W. 7TH STREET
MIAMI FL 33125
US



REINSTATEMENT

9910

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1987

5. FEI Number

65-0180313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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
VP	CHAYKIN, CRAIG	1704 N.W. 7TH STREET	MIAMI FL 33125
P	AABA, AARON	1704 NW 7 ST	MIAMI FL 33125

400003335514--6
-07/25/00--01077--014
*****908.75 *****908.75

8. Name and Address of Current Registered Agent

AABA, AARON
1704 NW 7TH ST
MIAMI FL 33125

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

SIGNATURE REQUIRED AARON AABA

Date

6-16-2000

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE REQUIRED AARON AABA

Date

6-16-2000

Daytime Phone #

305
638-4545

CR2E040 (8/99)