

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Limited Liability Company's Name

L03 000026126

I See No Problem Bail Bonds, LLC

100060865561  
10/21/05--01047--001 \*\*150.00

CR2E041 (8/05)

## 2. Principal Office Address

2411 Rogero Rd.

Suite, Apt. #, etc.

## 3. Mailing Office Address

2411 Rogero Rd

Suite, Apt. #, etc.

## 4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

07/17/2003

## 6. FEI Number

42-1599583

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

## City &amp; State

Jacksonville, FL

Zip

32202

Country

US

## City &amp; State

Jacksonville, FL

Zip

32202

Country

US

## 8. Name and Address of Current Registered Agent

Name

Steven E. Brust

Street Address (P.O. Box Number is Not Acceptable)

50 N. Laura Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

## 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

10/6/05

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	Cedric Oden	2411 Rogero Rd.	Jacksonville, FL 32211

REINSTATEMENT 2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

10-06-05

Daytime Phone #

904-746-6150

Typed or printed name of signing Managing Member/Manager