?007 LIMITED LIABILITY COMPANY REINSTATEMENT

| The State of | REINSTATEMENT | | | | FILED | | | |
|--|----------------------------------|--|---------------------|---|--|--------------------------|--|---------------------------|
| DOCUMENT # L0400008691 | | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | | | |
| BROWARD COUNTY BAIL BONDS LLC | | | | | 07 OCT | 12 PM 3 | : 18 | |
| Principal Plac | Mailing Address | | | | | | | |
| 1390 NW 16TH STREET MIAMI, FL 33125 | | 1390 NW 16TH STREET Miami, FL 33125 | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |] 20 4 80 6 10 2 0 | ### ##### ### | BB1 117 1981 |
| | | | | | | CR2E101 | | |
| City & State | 0 | City & State | | | 4. FEI Number 65-1087717 | | | plied For t Applicable |
| Zip | Country | Zip | Counti | гу | 5. Certificate of Status Desired | | .00 Add Required | |
| | t Registered Agent | | Name | 7. Name and Address of New Registered Agent | | | | |
| | BOND FIRM LLC | | | | (P.O. Box Number is Not Acceptable) | | | |
| MIAMI, FL | 16TH STREET 33125 | | } | Olippy Vogless (| r .O. Box Number is Not Acceptable | | | |
| | | 1 | } | City | | FL | Zip Code | 3 |
| 8. The above named entity submite this statement for the purpose of changing its registered office | | | | | | | | |
| the obligations of registered agent Richard Arenas 9-26.07. | | | | | | | | |
| SIGNATURE Signature, typed or printed registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 Make check payable to | | | | | | | | |
| | ary 1, 2008, Fee will be \$200.0 | | | | 1000 | | of State | |
| 9. | MANAGING MEMB | | 10. | | ADDITIONS | | Change | ☐ Addition |
| NAME | THE BAIL BOND FIRM LLC | ☐ Delete | NAME | , | | | CHANGE | Addition |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI, FL 33125 | | - | ST-ZIP | | | | |
| TITLE NAME | | | ITLE NAME | į. | 12- | حام | Change | Addition |
| STREET ADDRESS | | | | TADORESS 23 | 20 SE 12 St. | | 27: | a 1/ |
| CITY-ST-ZIP | ET. LAUDERDALE, FL 33301 cir | | CITY-: | ST-ZIP | · tambadan | 2,PR | <u> </u> | ٠٩١٠ |
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| NAME Street address | | | NAME STREE | T ADDRESS | 900110 1671977-1616 | | ===================================== | nn l |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | TOUTER OF CIOC | 0 001 | | |
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| NAME Street address | | | NAME | T ADDRESS | EMBINIFE | ATH! | رک | 1A7 |
| CITY-ST-ZIP | | | | ST-ZIP | | SLIVI - | <u> </u> | 70 1 |
| MILE | | ☐ Delete | TITLE | | | | Change | Addition |
| NAME STREET ADDRESS | | | NAME | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | |
| 11. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | |
| () TILA GOVERNOW | | | | | | | | |
| SIGNATURE: KICKAND FOR AS 9.26. UT 35545988 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prove # | | | | | | | | |

BROWARD COUNTY BAIL BONDS LLC

1390 NW 16 STREET, MIAMI, FLORIDA 33125 TEL (305) 545-9888 FAX (305) 545-9808

September 26, 2007

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl 32301

Re: Document# L04000008691

To whom it may concern:

Please be aware that our company did not receive the annual report notice, attached please find the reinstatement form.

Your cooperation to this matter will be greatly appreciated. If you have any questions, please feel free to contact me at (305) 545-9888.

Sincerely,

Lidia Caceres