


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JUNE 7 AM 8:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA. REINSTATEMENT 03-04. 01-08-03 90064 048 # 70.00 03-04																													
DOCUMENT # <u>NO2000007841</u>																																	
1. Corporation Name <u>NATIONAL BLACK BAIL AGENTS NETWORK Inc.</u>																																	
2. Principal Office Address <u>6155 South Florida Ave.</u>			3. Mailing Office Address <u>6155 South Florida Ave.</u>																														
Suite, Apt. #, etc. <u>7</u>			Suite, Apt. #, etc. <u>7</u>																														
City & State <u>Lakeland, FL</u>			City & State <u>LAKELAND, FL</u>																														
Zip <u>33813</u>		Country <u>USA</u>		4. Date Incorporated or Qualified To Do Business in Florida																													
				5. FEI Number <u>42-1581538</u>																													
				Applied For Not Applicable																													
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name <u>Williams Smith Jeraldine Esq.</u>																																	
Street Address (P.O. Box Number is Not Acceptable) <u>2504 - East 12th Ave</u>																																	
Suite, Apt. #, Etc. <u>800035750598</u> <u>05/07/04 01042 021 **237 50</u>																																	
City <u>Tampa, Florida 33605</u>				State <u>FL</u>																													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.																																	
Signature of Registered Agent <u>Jeraldine W. Smith</u>																																	
Date <u>5/24/04</u>																																	
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>President</td><td><u>Darryl Hancey</u></td><td><u>2 PARK OF Commerce Blvd Suite G</u></td><td><u>SAVANNAH, GA 31405</u></td></tr><tr><td>Vice President</td><td><u>Ronald Reed</u></td><td><u>6155 S. Fla Ave # 7</u></td><td><u>Lakeland, FL 33813</u></td></tr><tr><td>Sec.</td><td><u>Jenifer Greene</u></td><td><u>233 Peachtree St SW</u></td><td><u>Atlanta, Ga 30303</u></td></tr><tr><td>Tres.</td><td><u>Vernice Williams</u></td><td><u>809 W Rio Grande Suite 102</u></td><td><u>AUSTIN, TX 78701</u></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	<u>Darryl Hancey</u>	<u>2 PARK OF Commerce Blvd Suite G</u>	<u>SAVANNAH, GA 31405</u>	Vice President	<u>Ronald Reed</u>	<u>6155 S. Fla Ave # 7</u>	<u>Lakeland, FL 33813</u>	Sec.	<u>Jenifer Greene</u>	<u>233 Peachtree St SW</u>	<u>Atlanta, Ga 30303</u>	Tres.	<u>Vernice Williams</u>	<u>809 W Rio Grande Suite 102</u>	<u>AUSTIN, TX 78701</u>								
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10. 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: <u>[Signature]</u>																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	
Date <u>4/28/04</u>																																	
Daytime Phone # <u>863-648-9078</u>																																	

CR2E081 (01/04)