

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15736

1. Corporation Name

Tri County Bonding Association, Inc.

2. Principal Office Address

3708 S. John Young Pkwy.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32839

Country

USA

3. Mailing Office Address

P.O. Box 953144

Suite, Apt. #, etc.

City & State

Lake Mary, Florida

Zip

32795

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07-07-1986

5. FEI Number

263783790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Von Achen

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

C/O Baron Bail Bonds 3708 S. John Young Pkwy.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32839

**REINSTATEMENT**

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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	John Von Achen	3807 S. John Young Pkwy.	Orlando, Florida 32839
VPD	Mark Goodman	3807 S. John Young Pkwy.	Orlando, Florida 32839
SEC	George Cox	2911 39th Street Suite 300	Orlando, Florida 32839
TR	Michael Takacs	3800-A S. John Young PK	Orlando, FL 32839

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/04

407-425-4007

CR2E081 (01/04)