


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

07 JAN 29 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15736

1. Corporation Name

TRI COUNTY BONDING ASSOCIATION, INC.

300087493733
02/06/07--01009--030 **367.50

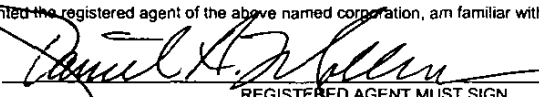
2. Principal Office Address - No P.O. Box # 2911 W. 39TH STREET		3. Mailing Office Address 2911 W. 39TH STREET	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32839	Country USA	Zip 32839	Country USA

REINSTATEMENT 05-07

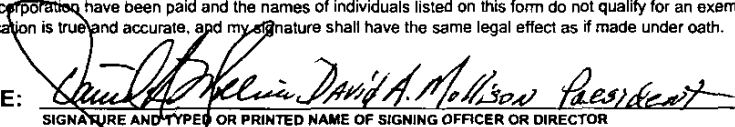
4. Date Incorporated or Qualified To Do Business in Florida	07-07-1986
5. ECI Number	263783790
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name DAVID MOLLISON			
Street Address (P.O. Box Number is Not Acceptable) 3910 S. JOHN YOUNG PARKWAY			
Suite, Apt. #, Etc.			
City ORLANDO, FL		State FL	Zip Code 32839

<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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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 1-24-07
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	DAVID MOLLISON	3910 S. JOHN YOUNG PARKWAY	ORLANDO, FL
VPD	MIKE BARRINGTON	3023 W. 39TH STREET	ORLANDO, FL
SEC	KHALIL WALSH	3708 S. JOHN YOUNG PARKWAY	ORLANDO, FL
TR	GEORGE COX	2911 W. 39TH STREET	ORLANDO, FL

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 contained in Chapter 119, 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 1-24-07	Daytime Phone # 4079476677