

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name Bond Enterprises of N.E. Florida P00000026432			
2. Principal Office Address 450 St. Rd. 13 N.		3. Mailing Office Address 450 St. Rd. 13 N.	
Suite, Apt. #, etc. # 113		Suite, Apt. #, etc. # 113	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32259	Country USA	Zip 32259	Country USA

FILED

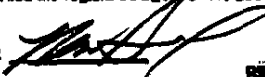
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT**4. Date Incorporated or Qualified
To Do Business in Florida **3/15/2000**5. FEI Number
59-3632117Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent	
Name Robert V. Bond	200004703532--2 -12/04/01--01029--002 ****750.00 ***750.00
Street Address (P.O. Box Number in the Alternative) 3355 Claire Ln # 804	
Suite, Apt. #, etc. # 804	
City Jacksonville	State FL
	Zip Code 32223

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.

Signature of
Registered Agent**Robert V. Bond**
REGISTERED AGENT MUST SIGNDate **11/6/01**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert V. Bond	3355 Claire Ln # 804	Jacksonville FL 32223
VP	Bobby V. Bond	2696 Tacito trail	Jacksonville, FL 32223
Sec.	Anne-Marie Bond	2696 Tacito Trail	Jacksonville FL 32223
Tres.	Shannon M. Bond	3355 Claire Ln # 804	Jacksonville FL 32223

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)(f), 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**Robert V. Bond**Date **11/6/01 (904) 230-1935**
Daytime Phone #