PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Bond Enterprises of N.E. Florida
P00000026432

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
450 St. Rd 13 N.	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

4. Date Incorporated or Qualified To Do Business in Florida 3/15/2000

5. FEI Number 59-3632117 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [redacted]

7. Name and Address of Current Registered Agent

Name Robert V. Bond

200004705552--2
-12/04/01--01025--002
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable) 3355 Claire Ln # 804

FLS

Suite, Apt. # (Optional) # 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent Robert V. Bond Date 11/6/01
REGISTERED AGENT MUST SIGN

9. Names 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, 3222
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)(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: Robert V. Bond 11/6/01 (904) 230-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #