

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 16 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116220

1. Corporation Name

BONDS, BONDS, BONDS INC.

2. Principal Office Address

111 LIBERTY STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA. 32202

Zip

32202

Country

U.S.A.

3. Mailing Office Address

111 LIBERTY STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA. -

Zip

32202

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/5/1997

5. FEI Number

59-3430544

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

WILLIAM E. DYE III

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

111 LIBERTY STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

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

[Handwritten Signature]

Date

3/31/2004

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
PRES	WILLIAM E. DYE III	111 LIBERTY STREET	JACKSONVILLE, FLA. 32202

REINSTATEMENT

03-04

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/2004

Daytime Phone #

CR2E001 (01/04)