## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000043982

Corporation Name

## 24 HOURS EMERGENCY BAIL BONDS, INC.

Principal Place of Business

Mailing Address

4611 S.W. 151 WAY MIRAMAR FL 33027

4611 S.W. 151 WAY MIRAMAR FL 33027



APHOVEL:

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

City & State  Country  S8.75 Additional Fee required for a Certificate of Status  Title(s)  Name and Street Addresses of Each Officer and/or Director  Name of Officers  and/or Directors  Street Address of Each Officer and/or Director  Applied For  Not Applicable  Country  Certificate of Status  Country  Miraman FL 33027							1 10211201 (1			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	If above	addraseae ara	incorrect in any way line th	raugh incarrect i	nformation (	and enter correction helps	REIN	STATEMENT	2003	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country							<del> </del>			
City & State  Size Additional Fee required for a Certificate of Status  City / State / Zip  RODRIGUEZ, GERMAN  4611 S.W. 151 WAY  MIRAMAR FL 33027  RODRIGUEZ, GERMAN  4611 S.W. 151 WAY  B. Name and Address of Current Registered Agent  RODRIGUEZ, GERMAN  4611 S.W. 151 WAY  Size Address (P.O. Box Number is Not Acceptable)  State  Size Address (P.O. Box Number is Not Acceptable)  State  City State   Zip Code  FL  City State   Zip Code  FL  City State   Zip Code  FL  City State   Zip Code	2. Total Chicopal Office readings, if Application				. New Maining Office Address, if Applicable			To Do Business in Florida		
City & State  City & State  Country  Secretificate of Status Desired on Status  Country  Country  Country  Country  Country  Country  State / Zip  Country	Suite, Apt. #, etc. Suite.				ite, Apt. #, etc.					
Zip Country  Zip Country  6. CERTIFICATE OF STATUS DESIRED  ST	00 00							10-		
Country   Zip   Country   Certificate of Status DeSired   State   Stat	City & Stat	е	• -	City & State			- 1 0001103			
Name and Address of Current Registered Agent   Name and Address of New Registered Agent	Zip		Country	Zip		Country	I -			
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City State / Zip  P RODRIGUEZ, GERMAN 4611 S.W. 151 WAY MIRAMAR FL 33027  V ECHEVARRIA, REGLA 4611 S.W. 151 WAY MIRAMAR FL 33027  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  RODRIGUEZ, GERMAN 4611 S.W. 151 WAY Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State   Zip Code	7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
WIRAMAR FL 33027  ECHEVARRIA, REGLA  4611 S.W. 151 WAY  MIRAMAR FL 33027	Title(s)	and/or Directors			3_		City / State / Zip			
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  RODRIGUEZ, GERMAN  4611 S.W. 151 WAY  MIRAMAR FL 33027  Suite, Apt. #, Etc.  City  State  Zip Code	P	RODRIGUEZ, GERMAN			4611 S.W. 151 WAY			MIRAMAR FL 33027		
8. Name and Address of Current Registered Agent  PODRIGUEZ, GERMAN  4611 S.W. 151 WAY  MIRAMAR FL 33027  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  FL  Zip Code	٧	ECHEVARRIA, REGLA			4611 S.W. 151 WAY			MIRAMAR FL 33027		
8. Name and Address of Current Registered Agent  PODRIGUEZ, GERMAN  4611 S.W. 151 WAY  MIRAMAR FL 33027  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  FL  Zip Code			· · · · · · · · · · · · · · · · · ·				<del></del> ,			
8. Name and Address of Current Registered Agent  PODRIGUEZ, GERMAN  4611 S.W. 151 WAY  MIRAMAR FL 33027  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  FL  Zip Code			<del>-</del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
8. Name and Address of Current Registered Agent  PODRIGUEZ, GERMAN  4611 S.W. 151 WAY  MIRAMAR FL 33027  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  FL  Zip Code						アの 10/24/	700024064717 10/24/0301014015 **750.00			
RODRIGUEZ, GERMAN 4611 S.W. 151 WAY MIRAMAR FL 33027  Suite, Apt. #, Etc.  City  State Zip Code FL				<del></del>						
RODRIGUEZ, GERMAN 4611 S.W. 151 WAY MIRAMAR FL 33027  Suite, Apt. #, Etc.  City  State   Zip Code   FL   Zip Code   FL   Zip Code   FL   Zip Code   FL   Zip Code   The Code   T		8. Nam	ne and Address of Current	Registered Age	ent		9. Name and Address of New Registered Agent			
4611 S.W. 151 WAY MIRAMAR FL 33027  Suite, Apt. #, Etc.  City  State FL  Zip Code	•					Name	Name			
MIRAMAR FL 33027  Suite, Apt. #, Etc.  City  State   Zip Code   FL	·					Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
						Suite, Apt. #, Etc	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
			1			City			ip Code	
or is some appointed the registered agent of the above fighted corporation, and raminal with and accept the obligations of Section 607.0505, F.S. 01 517.0505, F.S.	10   being	appointed the	a registered agent of the ab	Ove named com	oration am	familiar with and accent the o	bligations of Soct	<del></del>		
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11. 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 of Registered Agent

SMATURE REQUIRED

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Daytime

19.03