

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 # **P02000092080**

1. Corporation Name

GOOD GIRLS BAIL BONDS INC.

Principal Place of Business

Mailing Address

P.O. BOX 771043
MIAMI FL 33177

~~P.O. BOX 771043~~
~~MIAMI FL 33177~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

17845 SW 149th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33187

Country

BADE

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FE Number

861052593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	POZO, BARBARA C	P.O. BOX 771043	MIAMI FL 33177

000024948390
11/24/03--01018--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POZO, BARBARA C.
17845 SW 149TH AVE
MIAMI FL 33187

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 DEC 12 PM 12:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03

CR2ED-00 (7/03)

GOOD GIRLS BAIL BONDS

17845 SW 149TH AVENUE
MIAMI, FLORIDA 33187

OFFICE NO. (305) 251-0211
FAX NO. (786) 293-5013

NOVEMBER 12, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION

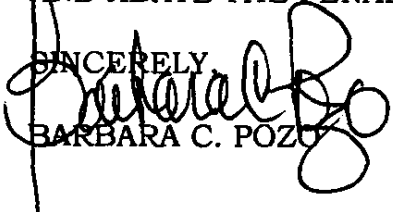
~~P.O. BOX 6327~~
TALLAHASSEE, FLORIDA 32314-6327

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT WE WERE JUST MADE AWARE THAT OUR CORPORATION HAD BEEN ADMINISTRATIVELY DISSOLVED. UNFORTUNATELY, WE NEVER RECEIVED THE 2003 UBR FORM AND CONSEQUENTLY DID NOT FILE IT.

PLEASE ACCEPT THE ENCLOSED CHECK IN THE AMOUNT OF \$150.00 AND ABATE THE PENALTIES AND REACTIVATE OUR CORPORATION.

SINCERELY,


BARBARA C. POZO

PRESIDENT