PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 12 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	17845 SW 149 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, Fla
Zip / Country	Zip: 33187 / Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 08/23/2002

5. FEI 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)

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

000024343350
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

CR2E040 (7/03)

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: Barbara C Pozo 11/12/2003 Am-Cell 7862704305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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