

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 OCT 22 PM 5:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000114354

1. Corporation Name

BIG AL'S BAIL BOND INCORPORATED

Principal Place of Business

Mailing Address

3530 1ST AVENUE NORTH
SUITE 104
ST PETERSBURG FL 33713

3530 1ST AVENUE NORTH
SUITE 104
ST PETERSBURG FL 33713

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

2. New Principal Office Address, If Applicable

5006 TROUBLE CREEK RD

Suite, Apt. #, etc.

153

City & State

Newport Richey Fl.

Zip

34652

Country

PASCO

3. New Mailing Office Address, If Applicable

5006 TROUBLE CREEK RD

Suite, Apt. #, etc.

153

City & State

Newport Richey Fl.

Zip

34652

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2002

5. FEI Number

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
President	EDGAR A. WALTON	3636 Cantrell St. Newport Richey Fl. 34652	Newport Richey Fl. 34652

800024023708

10/22/03--01067--008 **150.00

8. Name and Address of Current Registered Agent

WALTON, EDGAR A
3530 1ST AVENUE
SUITE 104
SAINT PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

Edgar A. WALTON

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

3636 Cantrell St.

Suite, Apt. #, Etc.

City

Newport Richey Fl.

State

FL

Zip Code

34652

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

Edgar A. Walton
REGISTERED AGENT MUST SIGN

Date 10-18-03.

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:

Edgar A. Walton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03.

Date

Daytime Phone #

CR2E040 (7/03)

To Whom it May Concern,

I Edgar A. Wetters did not
receive the two Prior Annual Report
Forms. If you would please
transmit the Reinstatement fee, it
would be much appreciated.

Thank you.

Edgar A. Wetters
18715-03-