

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 NOV 17 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123988

1. Corporation Name

J.D. BAIL BONDS, INC.

Principal Place of Business

Mailing Address

1157 N.E. 210 TERR  
NORTH MIAMI BEACH FL 33179

1157 N.E. 210 TERR  
NORTH MIAMI BEACH FL 33179

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

2. New Principal Office Address, If Applicable

12355 NE 13 AVE #205

3. New Mailing Office Address, If Applicable

12355 NE 13 AVE

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Miami FL

City & State

Miami FL

Zip

33161

Country

Dade

Zip

33161

Country

Dade

REINSTATEMENT



200024213352

10/29/03-01064-021 \*\*250.00

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/2002

5. FEI Number

45-0491837

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DONGO, JERRY	1157 N.E. 210 TERR	NORTH MIAMI BEACH FL 33179

200024213352  
10/29/03-01064-022 \*\*500.00

8. Name and Address of Current Registered Agent

DONGO, JERRY  
1157 N.E. 210 TERR  
NORTH MIAMI BEACH FL 33179

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

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-14-03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-03 786 326 4935

Date

Daytime Phone #

CR2E040 (7/03)