

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

05 NOV -9 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P3000062617

1. Corporation Name

Duval County Bail Bonds, Incorporation

2. Principal Office Address

2180 Kings Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

US

3. Mailing Office Address

1000 NW 14th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/06/2003

5. FEI Number

14-1886087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

Kenneth Studley

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

1000 NW 14th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33136

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/31/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	King, Torrence D	1783 W 10th Street	Jacksonville, FL 32209

K. Eckel NOV - 9 2005

10. 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

TORRENCE D. KING
10/31/05

Date

305-381-7070

Daytime Phone #