2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000119739

FILED Mar 03, 2005 Secretary of State

Entity Name: ROBERTS BAIL BONDS, INC					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1019-B WEST LEONARD STREET PENSACOLA, FL 32504 US			1019-B WEST LEONA PENSACOLA, FL 3250		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1019-B WEST LEONARD STREET PENSACOLA, FL 32504 US				1019-B WEST LEONARD STREET PENSACOLA, FL 32501 US	
FEI Number:	20-0329233	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ROBERTS, PATRICIA 6962 SHERMAN STREET MILTON, FL 32570 US				ROBERTS, PATRICIA 1019-B W LEONARD ST PENSACOLA, FL 32501 US	
The above in the State		y submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: PATRIC	CIA ROBERTS		03/03/2005	
	Electro	onic Signature of Registered Ager	nt	Date	
Election Can		193(2)(b), F.S., the corporation did not ng Trust Fund Contribution (). CTORS:	·	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (ROBERTS, P 6962 SHERM MILTON, FL	IAN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ROBERTS, TI 6962 SHERM MILTON, FL	IAN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/T (ROBERTS, P. 6962 SHERM MILTON, FL	IAN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROBERTS Ρ 03/03/2005