

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115562

1. Entity Name
STEVE ROBERTS AND MATT MCKEEHAN BAIL BONDS,
INC.



Principal Place of Business
2728 N PACE BLVD
PENSACOLA, FL 32505

Mailing Address
2728 N PACE BLVD
PENSACOLA, FL 32505

FILED

07 JUL 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEEHAN, MATT
2728 N PACE BLVD
PENSACOLA, FL 32505

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, in compliance with and acknowledgment of the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCKEEHAN, MATT
STREET ADDRESS 2728 N PACE BLVD
CITY-STATE-ZIP PENSACOLA, FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700106475467
CITY-STATE-ZIP 07/20/07--01021--003 **300.00

TITLE VPST ☒ Delete
NAME ROBERTS, STEVE
STREET ADDRESS 2728 N PACE BLVD
CITY-STATE-ZIP PENSACOLA, FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME ROBERTS, STEVE
STREET ADDRESS 2728 N PACE BLVD
CITY-STATE-ZIP PENSACOLA, FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2007

850-232-9991

Date Phone #