

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000049947

1. Corporation Name

ABOUT-FACE BONDING INC.

2. Principal Office Address - No P.O. Box #

408 S 1ST STREET

Suite, Apt. #, etc.

City & State

IMMOKALEE FL

Zip

34142

Country

USA

3. Mailing Office Address

1544 Femgran Ave

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33415

Country

USA

7. Name and Address of Current Registered Agent

Name

DAVIS, THOMAS S JR

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

408 S 1ST STREET

Suite, Apt. #, Etc.

City

IMMOKALEE

State

FL

Zip Code

34142

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2006

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 11/17/08

REGISTERED AGENT MUST SIGN

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	Thomas S. Davis	408 S 1ST STREET	IMMOKALEE FL 34142
VP	Tonette S. Davis	408 S 1ST STREET	IMMOKALEE FL 34142

\$74/24

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 contained in Chapter 119, 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:

THOMAS S. DAVIS

11/17/08

561-432-1357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 24 PM 5:45

STATE
TALLAHASSEE, FLORIDA

500138238565
11/24/08--01058--013 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)