


2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P10000028487		
1. Entity Name MIKE JONES BAIL BONDS, INC.		

Principal Place of Business 541 EAST TENNESSEE ST., SUITE 120 TALLAHASSEE, FL 32308	Mailing Address 541 EAST TENNESSEE ST., SUITE 120 TALLAHASSEE, FL 32308
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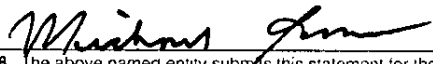
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10142011 REIN-P CR2E098 (1/07)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, MICHAEL 2305 KILLEARN CENTER BLVD APT D 73 TALLAHASSEE, FL 32309 	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. I am familiar with and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2012, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO JONES, MICHAEL 2305 KILLEARN CENTER BLVD., APT D73 TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300213318523 10/17/11--01001--005
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REINSTATEMENT

2011-11

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: 	10-14-11 18:29 727-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED
11 OCT 14 PM 3:18
TALLAHASSEE, FL 32308
SECRETARY OF STATE