

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA3000068437**  
1. Corporation Name **QUICK BAIL BONDS INC.**

**FILED**  
**97 OCT -1 PM 2:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**644 W. BREVARO ST**  
**TALLAHASSEE, FL 32304**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/1/93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3211722</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>P</b>	<b>HATTIE QUICK</b>	<b>644 W. Brevard St</b>	<b>TALLAHASSEE, FL 32304</b>

**200002309192--7**  
**-10/01/97--01070--020**  
**\*\*\*\*173.75 \*\*\*\*173.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>HATTIE QUICK</b> <b>644 W Brevard St</b> <b>Tallahassee, FL 32304</b>		<b>JB-97</b> <b>10-1-97</b>	
Name		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		City	
State <b>FL</b>		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Hattie Quick** Date **10/1/97**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: **Hattie Quick** Date **10/1/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP20040 (12/96)

10/1/97

To Whom it May Concern,

I did not receive an annual report from Florida Department of State for renewal of my license. I did not know that the Corp. would be dissolved as of 9/28/97 and an increase of five hundred dollars would be imposed.

Thank you  
Hath Grant