

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000001740

Entity Name: FOSTER BAIL BONDS, INC.

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

324 SW 5TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 400
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0470195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, COREY CPA
2911 E. MAIN ST.
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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.

SIGNATURE: COREY MILLER

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FOSTER, CORNELIUS
Address: 584 SW 10TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: VP () Delete
Name: FOSTER, COREY
Address: 584 SW 10TH STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FOSTER, COREY D
Address: 584 SW 10TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: VP (X) Change () Addition
Name: FOSTER, CORNELIUS D
Address: 584 SW 10TH STREET
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: COREY D. FOSTER

DP

10/24/2008

Electronic Signature of Signing Officer or Director

Date