PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 16 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025649

1. Corporation Name

BLOCKER BAIL BOND INC.
P94000025649

REINSTATEMENT 95-05

2. Principal Office Address	3. Mailing Office Address
698 JAMES LEE BLVD ,E	698 JAMES LEE BLVD., E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRESTVIEW, FLORIDA	City & State: CRESTVIEW, FLORIDA
Zip: 32539 Country: OKALOOSA	Zip: 32539 Country: OKALOOSA

4. Date Incorporated or Qualified To Do Business In Florida: 3/31/1994

5. FEI Number: NONE 593197362 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DARREL G. BLOCKER

Street Address (P.O. Box Number is Not Acceptable): 698 JAMES LEE BLVD., EAST

Suite, Apt. #, Etc.:

City: CRESTVIEW State: FL Zip Code: 32539

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: D S Blocker Date: 2-14-05
REGISTERED AGENT MUST SIGN

CR2E091 (01/05)

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	DARREL G. BLOCKER	698 JAMES LEE BLVD.,E	CRESTVIEW, FL 32539
S	CYNTHIA G. BLOCKER	698 JAMES LEE BLVD., E	CRESTVIEW, FL 32539
VP	JOSHUA G. BLOCKER	698 JAMES LEE BLVD.,E	CRESTVIEW, FL 32539
T	DERRICK L. BLOCKER	698 JAMES LEE BLVD.,E	CRESTVIEW, FL 32539
		400047122834 02/23/05--01018--017 **2250.00	

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 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: D S Blocker DARREL G BLOCKER 2-14-05 (850) 682-5090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #