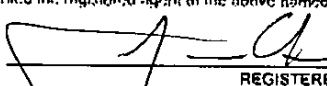
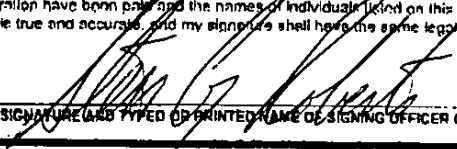


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		08 AUG 28 AM 11:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000041236					
1. Corporation Name: Steve Roberts Surety Services, Inc.					
2. Principal Office Address - No P.O. Box # 1757 St. Mary Avenue		3. Mailing Office Address (same) (same)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State			
Zip 32501	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 05/25/1994					
5. FBI Number 59-3267693					
6. CERTIFICATE OF STATUS DESIRED ☐ 38.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name: James L. Chase Street Address (P.O. Box Number is Not Acceptable): 101 East Government Street Suite, Apt. #, Etc.: City: Pensacola, State: FL Zip Code: 32502					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent:  Date: 8/22/08 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Steve Roberts	1757 St. Mary Avenue	Pensacola, FL 32501		
D	Steve Roberts	1757 St. Mary Avenue	Pensacola, FL 32501		
400134334834 08/11/08--01057--015 **1200.00					
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 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:  AUGUST 07, 2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

8/28/08