

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 26 PM 2:55

DOCUMENT # P94000043441

1. Corporation Name

Steve Roberts Bail Bonds, Inc.

1757 St. Mary's Avenue
same

2. Principal Office Address

1757 St. Mary's Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Zip

32501

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida June 6, 1994

5. FEI Number
593267691

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
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

000039527510

07/26/04--01045--014 **1200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/21/04

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/D	Steve Roberts	1757 St. Mary's Avenue	Pensacola, FL 32501
S/T/D	Renee Roberts	1757 St. Mary's Avenue	Pensacola, FL 32501

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: *[Signature]*

STEVE G. ROBERTS

Date

7-21-2004

Daytime Phone #

850-434-1388

CR2E081 (01/04)