PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 30 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (12/05)

DOCUMENT # P94000043441

1. Corporation Name

STEVE ROBERTS BAIL BONDS, INC.

2. Principal Office Address	3. Mailing Office Address
1757 St. Mary's Avenue	
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: 06/06/94

5. FEI Number: 59-3267691 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 10/26/06
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
D P VP S T	Steve Roberts	1757 St. Mary's Avenue	Pensacola, FL 32501

[redacted] 0716/06--01020--013 **9[redacted]0.00

10. I certify that I am an officer or director of the reporter 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or 617, F.S. I further certify that when filing this reinstatement application, the reserved name application has been withdrawn, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of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: [signature] 10/10/06 850-434-1388 [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/30