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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000086792					
1. Corporation Name BOND PORTFOLIO, INC.					
2. Principal Office Address 1251 Dublin Road <small>Suite, Apt. #, etc.</small>			3. Mailing Office Address 1251 Dublin Road <small>Suite, Apt. #, etc.</small>		
City & State Columbus, Ohio		City & State Columbus, Ohio			
Zip 43215	Country USA	Zip 43215	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/30/94	
5. FBI Number 58-2199997				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				7. Additional Fees (Check for a Certificate of Status)	

[Handwritten Signature]

REINSTATEMENT 05-07

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0605 or 617.0503, F.S.

Signature of Registered Agent
Anthony Licasi
Anthony Licasi
REGISTERED AGENT MUST SIGN
Vice President

1-26-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE	Name of Officer and/or Director	Street Address of such Officer and/or Director	City / State / Zip
PD	Ronald E. Roark	1251 Dublin Road	Columbus, OH 43215
S	Stephen E. Brown	1251 Dublin Road	Columbus, OH 43215

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 11R, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D.R. (196) 27 Dec 2006 1614-580-DOR
Date
City and Phone #

202

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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CORPORATION REINSTATEMENT

BOND PORTFOLIO, INC.

Certificate of Status	1
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