Daynong6792

	PLEA	SE RE D	ALL II ST	TRUCT	s	_fcc	API C	VG	s FORM.	/ -
CORPO REINSTA				DEPART Jim S Secretary ISION OF CO	Smith of State				FIL 03 APR 17 SECSETAR	Die .
DOCUMENT # P94000086792 1. Corporation Name Bond Portfolio, Inc.							81		IALLAHASSEE,	iii Simfe Feorida
2. Principal Office c/o Crown No	3. Mailing Office Address c/o Crown NorthCorp, Inc.				\$00016961218 04/24/0301056011 **1050.00 \$00016961218 04/24/0301056010 **8.75					
Suite, Apt. #, etc. 1251 Dublin Road City & State			Suite, Apt. #, etc. 1251 Dublin Road City & State				4. Date Incom To Do Busi			· ·
Columbus, Ohio Zip Country 43215 USA			Columbus, Ohio Zip Country 43215 USA				58-21999 6.	37	JS DESIRED X: \$8.75	Applied For Not Applicable Additional Fee require
CT Stre 120 Suit	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, Etc. City Plantation State Zip Code 333324									
8. 1, 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 Assistant Section 907.0505 or 617.0503, F.S. Page 17.0503, F.S. Page 17.0503, F.S. REGISTERED AGENT MUST SIGN										
<u> </u>	treet Addresses	of Each Officer and	or Director (Flo	orida nonprof		ns must list at lea	ist 3 directors)			
P/D Rona	Officers and/or Directors Ronald E. Roark			Officer and/or Director			City / State / Zip Columbus, Ohio 43215			
s	Stephen W. Brown			1251 Dublin Road			Columbus, Ohio 43215			
		EINSTA	TEM	ENT	200	1-20	03		7	,
					AK.)				

10. I certify that I am an officer or director or the receiver or trustee empowered to execute his 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen W. Brown, Secretary

4/15/03

614/485-1576

Daytime Phone #