

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION

FOR

1998-1999 AR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Feb 01 1999 8:00 am

Secretary of State

DOCUMENT # P95000005368

1. Corporation Name

LATINOS/U.S.A./BAIL BONDS, INC.

Principal Place of Business

4270 ALOMA AVE.  
124-31 A  
WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVE.  
124-31 A  
WINTER PARK FL 32792



*Handwritten initials*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2621 South Orlando Dr.  
Suite, Apt. #, etc. Sanford  
City & State  
Zip 32773 Country USA

3. New Mailing Office Address, If Applicable

2621 S Orlando Dr.  
Suite, Apt. #, etc. Suite # 4  
City & State Sanford, FL  
Zip 32773 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1995

5. FEI Number

59-3288548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	McLOUGHLIN, CHRISTOPHER S	1830 PERUVIAN LANE Ste. 4 2621 South Orlando Dr.	WINTER PARK FL 32792 Sanford, FL 32773

300002766913--1

-02/08/99--01013--020

\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

BELLEVILLE, WALTER J  
815 ORIENTA AVENUE  
SUITE 6  
ALTAMONTE SPRINGS FL 32701

*Deceased*

9. Name and Address of New Registered Agent

Name Christopher S. McLaughlin  
Street Address (P.O. Box Number is Not Acceptable) 2621 South Orlando Drive  
Suite, Apt. #, Etc. Suite # 4  
City Sanford  
State FL Zip Code 32773

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Handwritten signature of Christopher S. McLaughlin*

REGISTERED AGENT MUST SIGN

Date Jan. 29, 1999

11. This corporation ~~owes~~ or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*Handwritten signature of Christopher S. McLaughlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 1999 (407) 679-6777  
Daytime Phone

CR2E040 (9/98)

②

**LATINOS/U.S.A. BAIL BONDS, INC.**  
2621 S. Orlando Ave., Ste. 4  
Sanford, Florida 32773  
407/679-6777

January 27, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: FEI No.: 59-3288548

Dear Representative:

Please be advised this office has not received the Annual Report from your office for the years 1998 and 1999, due to an incorrect address. Please adjust your records accordingly to reflect the above address.

Additionally, we were under the impression our Registered Agent had filed the Annual Reports on our behalf, therefore, we were unaware the Reports were not filed until now.

Therefore, we respectfully request you reinstate the above-referenced Corporation. Enclosed is our check in the amount of \$300.00 to cover the cost of the Report for 1998 and 1999. This should bring our account into compliance.

Should you need additional information, please do not hesitate to contact this office immediately.

Sincerley,



Doug McLoughlin  
Bookkeeper

Florida Department of State  
Division of Corporations  
January 27, 1998  
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The attached is true and correct to the best of my knowledge and belief.


**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

**SWORN AND SUBSCRIBED** before me this 29<sup>th</sup> day of Jan 1999, who is ✓ personally known to me or \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

(SEAL)



Terri Lynn VonAchen  
My Commission CC695108  
Expires December 13, 2009

  
NOTARY PUBLIC