## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

P95000034969

1. Corporation Name BAIL YES, INC.

FILED

97 MAY 22 AM ID: 23

SECRETARY OF STATE

								TALLAHASS	EE, FLORIDA	
Principal Place of Business Mailing Address								e sig sglås disili ggill Adeli adeli datal d	ikish danah shaid dikin khir shki	
2601 SOI COCONU	e drive. Suite 725 3133	TH BAYSHORE DRIVE. SUITE 725 GROVE FL 33133								
							REI	NSTATEME	NT010-97	
If above addresses are incorrect in any way, line through incorrect information and ent  New Principal Office Address, If Applicable  3. New Mailing Office Address										
					<u> </u>		4. Date Incorporated or Qualified To Do Business in Fiorida  05/04/1995			
							5. FEI Numbe	595212	Applied For	
City & State			City & State				6.00	0595313	Not Applicable	
Zıp		Country	Zip		Country	y	1 '		75 Additional Fee required or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (F	lorida nonprofi	t corpora	tions must list at lea	ast 3 directors)			
Title(s)				Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			City / State / Zio			
D	D RODRIGUEZ, LUIS A			2601 \$0	2601 SOUTH BAYSHORE DRIVE, SE			E COCONUT GROVE FL 33133		
D	D MASTRAPA, JOE			2801 SC	2601 SOUTH BAYSHORE DRIVE, SUITE			COCONUT GROVE FL 33133		
-			0000021925607							
								****915.00	****915.00	
J										
					<del></del>		<del> , ,</del>	5.0.0	51397	
					•			1 36	500	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
DEFABIO, JOEL							<b>8</b> (1)			
2121 PONCE DE LEON BLVD., SUITE 43						Street Address (P.O. Box Number is Not Acceptable)				
COF	FL 33134		Sulte, Apt. #, Etc.							
					City			State Zip Code		
10. I, bein	g appointed th	e registered agent of the	above named co	•		•	bligations of Sec		_	
Signature Registered								Date	-97	
			REGISTERED /							
11. Do	oes this e ept. of R	corporation pay evenue under S	/ ảny intar 3. 199.032	ngible tax 2, Florida	to the State	e utes. Yes	□ No □		le for information ngible tax.)	
this rei owed b	nstatement ap by the corporat	plication, the reason for d	issolution has be he names of Indi	en eliminated, viduals listed o	the corpo n this for	rate name satisfies m do not qualify for	the requirement an exemption ur	apter 607 or 617, F.S. I further s of section 607,0401 or 617.0 ider section 119.07(3)(i), F.S.	401, F.S., that all fees	
CIONA	TUDE.	a ma	/-			A Comment		5-15-97	305-860-1001	

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #