

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 12:47

DOCUMENT # P950000 34969

1. Corporation Name

BAIL YES, INC.

2. Principal Office Address

2299 SW 27 Avenue

Suite, Apt. #, etc.

200

City & State

MIAMI, FLORIDA

Zip

33145

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05-04-95

5. FEI Number

65-0832183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joel DeFabio

Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

430

City

Coral Gables

State

FL

Zip Code

33134

000003499830

-12/13/00-01072-018

****750.00 ****750.00

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

Joel DeFabio

Date

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres. | Joe Mastrapa | 2299 SW 27 Ave, No. 200 | Miami, Fl. 33145 |
| V.P. | LUIS RODRIGUEZ | 2299 SW 27 Ave, No. 200 | Miami, Fl. 33145 |
| Sec. | Joe Mastrapa | 2299 SW 27 Ave, No. 200 | Miami, Fl. 33145 |
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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 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:

Joe Mastrapa

Joe Mastrapa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-00

Date

305-860-1001

Daytime Phone #

CR2E081 (9/99)