## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



on this application is true and accurate, and my signature

SIGNATURE:

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000083900

1. Corporation Name

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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B&B Bail Bond Agency of Florida, Inc.												
										- 1	~ >	
2. Principa	2. Principal Office Address 3			3. Mailing Office Address						99	-00	
97 N.E. 15 Street				P.O. Box 900190				· was marked the con-		,		
Suite, Apt. #, etc.			<del></del>	Suite, Apt. #, etc.				TINDIAICNENI				
								4. Date Incorporated or Qualified To Do Business in Florida  10/10/1996				
City & State			City & State	City & State								
Homestead, Fl			Homes	Homestead, Fl				5. FEI Number Applied For Not Applicable				
Zip Country USA		Zip 33030	30 Country USA			6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status						
7. Name and Address of Current Registered Agent												
	Name											
		Kenneth D.		emoine ===					1 <del>2314</del> 1	5234	-3	
	Street Add	ress (P.O. Box Number is 8		Acceptable)					0003314523-0 -07/06/00010250 ****300.60 *****900.60			
	Suite, Apt. #, Etc.							<del></del>	** <del>900.60</del>	<del>*****![</del> [		
				,				State				
	City Homestead								Zip Code 33030			
8. I, being	appointed the	e registered agent of the ab	ove named corpe	nation, am fa	miliar with and acc	ept the oblig	ations of section	on 607.0505	or 617.0503, F.S			
Signature of												
Registered Agent Agent REGISTERED AGENT MUST SIGN								Date6/8/00				
9 Namos	and Street A	<u></u>	<del></del>		t corporations mus	t liet at least	3 directors)					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least the Name of Street Address of Each Officer and Name of Street Address						· · · · · · · · · · · · · · · · · · ·	- J					
Titles		Officers and/or Director	s	Officer and/or Director				City / State / Zip				
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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 filling 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 inviduals list on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

same legal effect as if made under oath.