2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# P96000085131

Entity Name: NATIONWIDE BAIL BONDS OF TAMPA, INC.

Current Principal Place of Business:

2512 N ORIENT RD
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

2512 N ORIENT RD
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-3408336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAYKIN, CRAIG A
2512 ORIENT RD
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHAYKIN, CRAIG
Address: 2512 N. ORIENT ROAD
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete
Name: CHAYKIN, KIMBERLY
Address: 2512 N ORIENT RD
City-St-Zip: TAMPA, FL

Title: A ( ) Delete
Name: AABA, AARON
Address: 1704 NW 14TH STREET
City-St-Zip: MIAMI, FL 33124

Title: A (X) Delete
Name: KUKUDA, JOHN
Address: 2512 ORIENT RD
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG A CHAYKIN P 10/20/2004

Electronic Signature of Signing Officer or Director Date