## 2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P96000088413  1. Entity Name DAVIS BAIL BONDS, INC.								FILED 05 DEC 30 AH 9 39				
DAVIO DAIL				;	STO A							
Principal Place of	f Business	3		Mailing Address					<i>F</i> 13.		3	
804 NW 30TH A	<b>V</b> E			804 NW 30TH AVE								
OCALA, FL 344		,		OCALA, FL 34475 US								
	-											
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10282005	REIN-P	CF	R2E098 (6/04)	
City & State				City & State				4. FEI Number 59-3437				olied For Applicable
Zip	Country			Žip	Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent								7. Name and	Address of No	ew Register	ed Agent	
Name												
GILL, S R 613 SE FT KING STREET OCALA, FL 34478-0337						Street Address (P.O. Box Number is Not Acceptable)						
						City				F	Zip Code	:
8. 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. I am familiar with, and accept the obligations of registered agent.												
the obligations	s of pagis	ered age	**************************************	,								
SIGNATURE 12/25/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  Dyte												
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	IOW!!! F iry 1, 20		vill be \$900.0	00								
10.			OFFICERS AND	DIDECTORS	11.			ADDITIONS (	CHANGES TO	OFFICEDS /	AND DIRECTORS	: INI 11
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
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SIGNATU	nc:_	SIGNAT	TURE AND TYPED OR	PRINTED NAME OF SIGNING OFF	ICER OR DIREC	TOR		12/23	Date	/-,	352-629 Daylime Phone *	