

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 OCT 27 PM 3:35

DOCUMENT # **P97000031160**

1. Corporation Name

Anytime Bail Bonds
6501 NW 36 St. STE 315
Virginia Gardens, Fl. 33166

2. Principal Office Address

6501 NW 36 St.
STE 315

Suite, Apt. #, etc.

315

City & State

Virginia Gardens

Zip

33166

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 60

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 1997

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Jack Koontz

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

17459 S.W. 21 Ct.

Suite, Apt. #, Etc.

City

Miramar

State
FL

Zip Code

33029

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*******750.00 *****50.00**

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

Jack Koontz

REGISTERED AGENT MUST SIGN

Date **10/24/00**

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 |
|----------------|--------------------------------------|---|---------------------------|
| President | JACK S. KOONTZ | 17459 SW 21 Ct. | Miramar, Fl. 33029 |
| Vice President | Elbita Koontz | 17459 SW 21 Ct. | Miramar, Fl. 33029 |
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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:

Jack Koontz

JACK KOONTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 (305) 871-1950

Date

Daytime Phone #

CR2E081 (9/99)