

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 797000079655

1. Corporation Name

Metro Bail Bonds Inc.

2. Principal Office Address

4111 S. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32839

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3467735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

01 OCT 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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MM

7. Name and Address of Current Registered Agent

Name

John A. Dugger

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

5217 Wellington Park Cir

Suite, Apt. #, Etc.

C-26

City

Orlando

State

FL

Zip Code

32839

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

John A. Dugger

REGISTERED AGENT MUST SIGN

Date

10/10/01

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 | John A. Dugger | 5217 Wellington Park Circle C-26 | Orlando, FL 32839 |
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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:

John A. Dugger

John A. Dugger

10/10/01

Date

407-2122-5533

Daytime Phone #

CR2001 (9/00)