

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000900

1. Corporation Name

BETTY TURNER BAIL BONDS INCORPORATED

Principal Place of Business

Mailing Address

327 EAST BAY STREET
JACKSONVILLE FL 32202

327 EAST BAY STREET
JACKSONVILLE FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1998

5. FEI Number

56-1856898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Betty Turner	327 EAST BAY ST	JAX FL 32202
V-Pres	Betty Turner	" " " "	" " "
Sec. Treas.	Betty Turner	" " " "	" " "

8. Name and Address of Current Registered Agent

TURNER, BETTY ALLETTA
4307 SAGE OAK COURT
JACKSONVILLE FL 32277

(new address)
Effective 5/98
5042 Riverbrook Ct
JAX, FL 32277

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Betty Turner
REGISTERED AGENT MUST SIGN

Date

10/13/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Turner

Date

10/13/99

Daytime Phone #

904/633-8021

FILED

99 OCT 22 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3/03/99 90048/035 \$150.00

CR20040 (8-99)

①

BETTY TURNER BAIL BONDS, INC.
327 East Bay Street
Jacksonville, FL 32202

October 20, 1999

Division of Corporations:

I have already filed my renewal and paid \$150.⁰⁰ fee and the check has already been cashed by your office.

I spoke to "Syone" this am and he said I needed to write you a letter explaining this and to also ask that you waive the fee. There was a problem according to "Syone" with the officers listed but I've not received anything but the attachment - please advise!

Thank You,
Betty Turner
(904) 633-8021