

PLEASE READ ALL INSTRUCTIONS

FORM
FILED

2007 JUL 16 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **998000029713**

1. Corporation Name

Rico Reed Bail Bonds, Inc.

2. Principal Office Address - No P.O. Box #

6155 South Florida Avenue

3. Mailing Office Address

6155 South Florida Avenue

Suite, Apt. #, etc.

Suite #7

Suite, Apt. #, etc.

Suite #7

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

USA

Zip

33813

Country

USA

7. Name and Address of Current Registered Agent

Ronald Rico Reed**6155 South Florida Avenue****Suite #7****Lakeland, FL****FL****33813**4. Date Incorporated or Qualified
To Do Business in Florida**04/01/1998**

5. FEI Number

593506677☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
to a Certificate of Status☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 AgentDate **07/10/2007**

REGISTERED AGENT MUST SIGN

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	Ronald Rico Reed	6155 South Florida Avenue	Lakeland, FL 33813

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 contained in Chapter 119, 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

07/10/2007

Date

863-581-0435

Daytime Phone #

7/19/07