

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000084538

FILED
Nov 14, 2006
Secretary of State

Entity Name: AA MULTIPLE BAIL BONDS, INCORPORATED

Current Principal Place of Business:

323 S.W. 6 ST
FT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

323 S.W. 6 ST
FT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 65-0869029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLATUNJI, ARIORI
323 S.W. 6 STREET
FT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

OLATUNJI, ARIORI A
323 S.W. 6 STREET
FT LAUDERDALE, FL 33315 US

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.

SIGNATURE: OLATUNJI ARIORI

11/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARIORI, OLATUNJI A
Address: 7434 S.W. 14TH CT.
City-St-Zip: NO. LAUDERDALE, FL 33068

Title: VPD () Delete
Name: OLARINDE, ALIRATU K
Address: 7434 S.W. 14TH CT.
City-St-Zip: NO. LAUDERDALE, FL 33068

Title: VPD () Delete
Name: OLARINDE, TOIB
Address: 7434 S.W. 14TH CT.
City-St-Zip: NO. LAUDERDALE, FL 33068

Title: VPD () Delete
Name: OLARINDE, AISAT
Address: 7434 S.W. 14TH CT.
City-St-Zip: NO. LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLATUNJI ARIORI

PD

11/14/2006

Electronic Signature of Signing Officer or Director

Date