

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

FILED

05 JUL -5 AM 9:33

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093539

1. Corporation Name

Tax City Bail Bonds, Inc.

2. Principal Office Address

515 N. Liberty St.

Suite, Apt. #, etc.

3. Mailing Office Address

9943 Beach Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32202

Country

U.S.

Zip

32246

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

593539056

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

Richard A. Boechat

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

9943 Beach Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

REGISTERED AGENT MUST SIGN

Date 7-1-05

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
P	Richard A. Boechat	9943 Beach Blvd	Jax, FL 32246

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Boechat

Date

7-1-05 904-535-8861

Daytime Phone #

CR2E031 (01/05)