

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000061249		00 NOV 20 PM 5:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name W.A.R. LOCKE BAIL BONDS, INC.		REINSTATEMENT 2000	
Principal Place of Business 1337 6TH STREET WEST PALM BEACH FL 33401		Mailing Address 1337 6TH STREET WEST PALM BEACH FL 33401	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 2300 EXECUTIVE DRIVE Suite, Apt. #, etc. 215A City & State WEST PALM BEACH, FL Zip 33401 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 07/09/1999		5. FEI Number 65-0932187 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PT</del>	<del>LOCKE, WALTER T</del> ERIK	<del>1337 6TH STREET</del> ERIK	<del>WEST PALM BEACH FL 33401</del> ERIK
PT	LOCKE, DAVEY B	1337 6TH STREET	WEST PALM BEACH FL 33401
SV	LOCKE, EUNICE B	1337 6TH STREET	WEST PALM BEACH FL 33401
D	HEARD, LINA W	1337 6TH STREET	WEST PALM BEACH FL 33401
D	LOCKE, ERIKA B	1337 6TH STREET	WEST PALM BEACH FL 33401
800003506628--3 -12/20/00--01017--022 ***750.00 ***750.00			
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name EUNICE B LOCKE Street Address (P.O. Box Number is Not Acceptable) 1337 6TH STREET Suite, Apt. #, Etc. City WEST PALM BEACH State FL Zip Code 33401	
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 <u>Eunice B. Locke</u> REGISTERED AGENT MUST SIGN Date <u>11/18/00</u>			
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: <u>Eunice B. Locke</u> 11/18/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			