

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -4 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p99000071024

1. Corporation Name

AAA Bail Bonds Advisory & Services Inc.

**REINSTATEMENT** 08-10

900167986069  
02/04/10--01005--020 \*\*450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 816 N.W. 30th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 4026 sw 102 place Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State Ocala, Florida	
Zip 34475	Country U.S	Zip 34476	Country U.S

4. Date Incorporated or Qualified To Do Business in Florida 08-04-1999	
5. FEI Number 65-0938959	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Pedro O Rodriguez			
Street Address (P.O. Box Number is Not Acceptable) 4026 S.W. 102nd place			
Suite, Apt. #, Etc.			
City Ocala, Florida		State FL	Zip Code 34476

☒ 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 Agent

*Pedro O. Rodriguez*  
REGISTERED AGENT MUST SIGN

Date January 29, 2010

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
v	Cindy Rodriguez	4026 sw 102nd place	Ocala, Florida 34476

202/5

10. E-mail Address: omar@omarsbailbonds.com

(To be used for future annual report notification)

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, I further certify, 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:

*Cindy Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2010

Date

Daytime Phone #