

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V56729**

1. Corporation Name

ALLIED FLORIDA BAIL BONDS AGENCY, INC.

Principal Place of Business

6400 OVERSEAS HWY
MARATHON FL 33050
US

Mailing Address

6400 OVERSEAS HWY
MARATHON FL 33050
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 NOV -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1992

SP

5. FEI Number

65-0349074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	SLAY, STEVEN E.	153 #D U.S. HWY. 1	GRASSY KEY FL
VST	SLAY, JANICE L.	153 #D U.S. HWY. 1	GRASSY KEY FL
			100003052711--2
			-11/23/99--01/02/00
			*****8.75 *****8.75
			100003052711--2
			-11/23/99--01/02/00
			*****750.00 *****750.00

8. Name and Address of Current Registered Agent

SLAY, STEVEN E.
6400 OVERSEAS HWY
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name Janice Slay
Street Address (P.O. Box Number is Not Acceptable) 368 Perry Ave
Suite, Apt. #, Etc. Marathon Florida
City Marathon State FL Zip Code 33050

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

Janice Slay

REGISTERED AGENT MUST SIGN

Date

11-03-99

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:

Janice Slay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-03-99

Date

Daytime Phone #

743-4106