

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 FEB 20 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 428629

1. Corporation Name

BEARSS PARK, INC.

2. Principal Office Address - No P.O. Box #

15003 BEARSS PARK DR.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33613

Country

U.S.A.

Zip

Country

200222477772
02/20/12--01046--009 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1973

5. FEI Number

59-1468080

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

ROBIN M. BEARSS

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

1116 CAMPOR TRACE LOOP

Suite, Apt. #, Etc.

City

TAMPA, FL.

State

FL

Zip Code

33613

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

Robin M. Bearss

Date

2/15/12

REGISTERED AGENT MUST SIGN

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
OFF PD	ROBIN M. BEARSS	1116 CAMPOR TRACE LOOP	TAMPA, FL. 33613
OFF VD	CHARLES C. BEARSS	14901 HARDY DRIVE WEST	TAMPA, FL. 33613
OFF STD	PHYLLIS Z. BEARSS	15001 TALL CEDAR DRIVE	TAMPA, FL. 33613

10. E-mail Address:

RBEARSS@TAMPABAY.FL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Robin M. Bearss

ROBIN M. BEARSS

2/15/12

(813) 961-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #