


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043713**

1. Corporation Name

Great Bear International, INC.
P96000043713

2. Principal Office Address

1170 SW 6TH ST.

3. Mailing Office Address

1170 SW 6TH ST.

Suite, Apt. #, etc.

P.O. Box 236

Suite, Apt. #, etc.

P.O. Box 236

City & State

Lake Butler, FL

City & State

Lake Butler, FL

Zip

32054

Country

Union

Zip

32054

Country

Union

4. Date Incorporated or Qualified To Do Business in Florida

05/16/1996

5. FEI Number

59-3388501

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

Edward J. Stephenson

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

Highway 100 W. Waters Rd.

Suite, Apt. #, Etc.

P.O. Box 705

City

Lake Butler

State

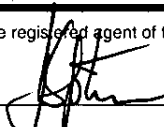
FL

Zip Code

32054

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

07/09/04

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.	Robert T. Stephenson	Highway 100 W. Waters Rd.	Lake Butler, FL, 32054
T.	Charles V. Stephenson	Highway 100 W. Waters Rd.	Lake Butler, FL, 32054
S.	Michael J. Stephenson	Highway 100 W. Waters Rd.	Lake Butler, FL, 32054

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:

Michael Stephenson / Michael Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/09/04

Daytime Phone #

(386) 496-3032

CR2E081 (01/04)