

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JUN 24 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900131595059  
06/23/08--01052--027 \*\*1200.00

**REINSTATEMENT 05-08**

DOCUMENT # P96000043713

1. Corporation Name

Great Bear International, Inc.

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

4051 NW 43<sup>RD</sup> ST.

Suite, Apt. #, etc.

#33

City & State

Gainesville, FL

Zip

32606

Country

USA

3. Mailing Office Address

4051 NW 43<sup>RD</sup> ST.

Suite, Apt. #, etc.

#33

City & State

GAINESVILLE FL

Zip

32606

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/16/96

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)

Hwy 100 W. Waters Road

Suite, Apt. #, Etc.

City

Lake Butler

State

FL

Zip Code

32054

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-19-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert T. Stephenson	Hwy 100 W. Waters Rd	Lake Butler, FL 32054
T	Charles V Stephenson	Hwy 100 W. Waters Rd	Lake Butler, FL 32054
S	Michael J Stephenson	Hwy 100 W. Water Rd	Lake Butler, FL 32054
	<u>[Signature]</u>		

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

June 19 - 2008

Daytime Phone #