

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**

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

DOCUMENT# V70088

1. Corporation Name S.Bears, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
230 Sands Point Road

Suite, Apt. #, etc
Unit 3607

City & State
Longboat Key, FL

Zip
34228

Country
USA

3. New Mailing Office Address, If Applicable
2305 Meeting Place

Suite, Apt. #, etc

City & State
Minneapolis, MN

Zip
55391

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/92

5. FEI Number

65-0353965

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

SB 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Thomas A. Moore	166 Cherry Hill	Princeton, NJ 08540
V	James W. Thompson	7434 Jager Court	Cincinnati, Ohio 45230
S / T	John N. Lilly	2305 Meeting Place	Minneapolis, MN 55391

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-07/23/99--01084--026
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

Timothy P. Macksey
2521 Waterview Ct
Sarasota, FL 34231-5172

Name
Timothy P. Macksey

Street Address (P.O. Box Number is Not Acceptable)
2521 Waterview Ct

Suite, Apt. #, Etc

City
Sarasota

State
FL

Zip Code
34231-5172

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

Timothy P. Macksey
REGISTERED AGENT MUST SIGN

Date

July 8, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Thompson, Vice President

Date

7/6/99

513-232-7576

Daytime Phone #