

L00000009021

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

MY FOUR BEARS, LLC

L00000009021

300019872443
05/27/03--01039--008 **205.00

2. Principal Office Address

3018 SAVAGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34231

Country

USA

3. Mailing Office Address

3018 SAVAGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34231

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida: 01/2000

6. FEI Number

65-1027390

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BARBARA ZIEGENFELDER

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

3018 SAVAGE ROAD

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code
34231

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date **05/22/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	BARBARA ZIEGENFELDER	3018 SAVAGE ROAD	SARASOTA/FLORIDA/34231

REINSTATEMENT

02-03 cys
dee

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Barbara Ziegenfelder

Date **05/22/03**

Daytime Phone# **941-923-2504**

Typed or printed name of signing Managing Member/Manager

BARBARA ZIEGENFELDER

CR2E041 (10/02)