PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM 2020 NOV 23 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000070487

1. Limited Liability Company's Name

Bear's Den LLC

500355512395
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1350 Forrest Ct	P.O. Box 5971
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island, FL	City & State: Rockford, IL
Zip: 34145 Country: US	Zip: 61125 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☐ 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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite:
801 US Highway 1

Apt. #, Etc:

City: North Palm Beach | State: FL | Zip Code: 33408

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Saray Djidji, Special Secretary Date: 11/19/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	The Dennis W Lello Living Trust	P.O. Box 5971	Rockford, IL 61125

REINSTATEMENT

NOV 25 2020

R. HUNT

11. E-mail Address: govdocs@corpcreations.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; 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 of authorized representative/member: Date: 11/19/2020 Daytime Phone #: 561-694-8107

Typed or printed name of signing authorized representative/member: The Dennis W Lello Living Trust - Manager by :Saray Djidji, Attorney in Fact

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/20/2020

WALK IN

ENTITY NAME BEAR'S CABIN LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

_____ _____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ *Certified Copy of Arts & Amendments*

_____ *Certificate of Good Standing*

_____ _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

NOV 2 0 2020

R. HUNT

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $2181.25

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*