

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

DOCUMENT # L04000070630

1. Limited Liability Company's Name

Bear Home Improvement, LLC

2. Principal Office Address

1501 Lake Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 543293

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32922

Country

USA

City & State

Merritt Island, FL

Zip

32954

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/28/2004

6. FEI Number

43-2062300

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

John M Bear

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

405 Footman Ln

Suite, Apt. #, Etc.

000074666420

05/16/06--01033--007 **100.00

City

Merritt Island

State

FL

Zip Code

32952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/29/06

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
MGRM	John M Bear	405 Footman Ln	Merritt Island, FL 32952
MGRM	Julia W Stevens	405 Footman Ln	Merritt Island, FL 32952

REINSTATEMENT 05-06

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

[Signature]

Date

3/29/06

Daytime Phone #

321-459-5014

Typed or printed name of signing Managing Member/Manager

Julia W Stevens