

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 FEB 20 14 7:32

DOCUMENT # LIS 60820

1. Limited Liability Company's Name

BEAR MOUNTAIN HOLDINGS, LLC

200341040082
110101-0101-0004 4390.75

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

35 Hypolita STREET

Suite, Apt. #, etc.

SUITE 105

City & State

St. Augustine, FL

Zip

32084

Country

USA

3. Mailing Office Address

35 Hypolita STREET

Suite, Apt. #, etc.

SUITE 105

City & State

St. Augustine, FL

Zip

32084

Country

USA

CR2ED41 (1/14)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-3733914

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

THEODORE HILL

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

501 13TH STREET

Apt. #, Etc.

St. AUGUSTINE, FL

City

State

FL

Zip Code

32084

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

[Signature]

Date

2/14/2020

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
OWNER	THEODORE HILL	501 13TH STREET	St. AUGUSTINE, FL 32084

11. E-mail Address

TEDHILLX@GMAIL.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

[Signature]

Date

2/14/2020

Daytime Phone #

904 377-3844

Typed or printed name of signing authorized representative/member

THEODORE HILL

FEB 21 2020

[Signature]