

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

02 NOV 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

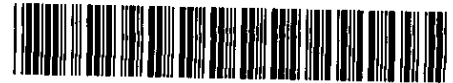
1. DOCUMENT # M01000001969

Name and Mailing Address

0008208 01 FP 0.352 **PRST T5 0 0615 70363-026666



WACKY BEAR FACTORY, L.L.C.
206 INDUSTRIAL AVENUE C, STATION 1
BOX 10266
HOUMA LA 70363-0266



2. New Mailing Address

City, State, Zip

Principal Place of Business

206 INDUSTRIAL AVENUE C, STATION 1
BOX 10266
HOUMA LA 70363

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

LA

5. Date Organized or Commenced
To Do Business in Florida

08/21/2001

6. FEI Number

72-1476099

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BREWER, DARRELL	206 INDUSTRIAL AVENUE C, STATION 1	HOUMA LA 70363

100008943101
11/12/02--01127--006 **150.00

REINSTATEMENT 02

12. 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E034 (8/02)