

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 OCT 12 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M99000000278**

1. Limited Liability Company's Name

Bear Excavation LLC

2. Principal Office Address

1055 St. Charles Ave

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

New Orleans, LA

City & State

Zip

70130

Country

USA

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

72-1437737

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

CT Corporation System

500040646765

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Denise Bell

Denise Bell

Date **9-28-04**

REGISTERED AGENT MUST SIGN

Assistant Secretary

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
Mgr	James W. Bear	1055 St. Charles Ave, #500	New Orleans, LA 70130
Mgr	William D. Hoffman	1055 St. Charles Ave, #500	New Orleans, LA 70130
Mgr	James W. Bear, Jr.	1055 St. Charles Ave, #500	New Orleans, LA 70130

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

William D. Hoffman

Date **9-23-04**

Daytime Phone # **504-587-8602**

Typed or printed name of signing Managing Member/Manager

William D. Hoffman