

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N41429

1. Corporation Name

THE TEDDY BEAR MUSEUM OF NAPLES, INC.

REINSTATEMENT 03

500023977715  
10/21/03--01088--001 \*\*236.25

2. Principal Office Address

2511 PINE RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2511 PINE RIDGE ROAD

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34109

Country

USA

City & State

NAPLES, FL

Zip

34109

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/1990

5. FEI Number

65-0230494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLACK, GEORGE

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

2312 ELIZABETH CT

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*George B Black*

REGISTERED AGENT MUST SIGN

Date 10/15/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WESTMAN, CARL E	1952 CRAYTON RD	NAPLES, FL
D	BLACK, J. HOWARD	5125 KENSINGTON HIGH STREET	NAPLES, FL 34105
D	BLACK, GEORGE B JR	2312 ELIZABETH CT	NAPLES, FL 34112
D	SOLOMON, GENE R	1342 COLONIAL BLVD, #11	FT MYERS, FL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*George B Black*

GEORGE B BLACK

10/15/03

(239) 598-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)