

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005838

1. Corporation Name

THE BEAR FOUNDATION, INC.

Principal Place of Business

Mailing Address

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1996

SP

5. FEI Number

59-3413506

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TABOR-MIOLLA, FRANCESCA PRESIDENT	100 LAMPLIGHTER LANE	PONTE VEDRA BEACH FL 32082
VC	BENSON, SHARON JANET PRITCHETT SECRETARY	109 LANTERN WICK 122 GLEN EAGLES CT.	PONTE VEDRA BEACH FL 32082
PD	TABOR-MIOLLA, FRANCESCA VICE PRES JAMES HULFELD,	13126 CHET'S CREEK, NORTH 167 BARBERRY LANE	JACKSONVILLE FL 32224 PONTE VEDRA Bch, FL 32082
TD	COOPER, RIM - TREASURER DAUNE DOCKERY,	13625 SOUTH CAPISTANO DRIVE 168 BARBERRY LANE	JACKSONVILLE FL 32204 PONTE VEDRA Bch, FL 32082
CFD	SULLIVAN, DARLEEN FAITH MARTIN	110 BERMUDA COURT 32 NORTHGATE	PONTE VEDRA FL 32082
FCD	CONWAY, LEE	7460 FOUNDERS WAY	PONTE VEDRA FL 32082

8. Name and Address of Current Registered Agent

TABOR-MIOLLA, FRANCESCA
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

100003447731--4

Suite, Apt. #, Etc.

-11/01/00--01111--013

City

***236.25 ***236.25

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

FRANCESCA TABOR-MIOLLA
REGISTERED AGENT MUST SIGN

Date

Oct. 16, 2000

11. 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:

FRANCESCA TABOR-MIOLLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

904-273-2987

CR2E040 (8/00)