PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

02 MAY 24 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N97000002352

1. Corporation Name
The Bears of Central Florida, Inc

2. Principal Office Address	3. Mailing Office Address
1450 Julio Ln.	P.O. Box 647
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl.
Zip: 32807 Country: USA	Zip: 32802 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-25-97

5. FEI Number: 59-3468559 ☐ 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: William Deane

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-06/10/02--01051--010
****131.25 ****131.25

Street Address (P.O. Box Number is Not Acceptable): 1450 Julio Ln

Suite, Apt. #, Etc.:

City: Orlando, Fl. State: FL Zip Code: 32807

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: William Deane William Deane Date: 4-24-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
~~Pr~~ "D"	Greg Young	5957 Augusta Nt. Dr. Apt 216	Orlando, Fl 32822
~~VP~~ "D"	Steven Facella	1935 S. Conway Rd. S-3	Orlando, Fl. 32812
~~Tr~~ "D"	William Deane	1450 Julio Ln.	Orlando, Fl 32807
			112.50 - AR
			10.00 - ARTS

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: William Deane - Treasurer 4-24-02 407 281 4574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DO NOT REMOVE!

2002

The Bears of Central Florida
P.O Box 647
Orlando, FL 32802-0647

I am requesting that any penalties or fees be abated since we did not receive a notice informing us to send in a yearly update and yearly fee. We were unaware that the form had to be sent in.
I have enclosed a check for the current year and the upcoming year as instructed. Please apply it appropriately.

Thank You very much

William Deane 5/1/02

William Deane - Treasurer 2002