

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97 000002676

1. Corporation Name

Tedi Bear Adoptions, Inc

2. Principal Office Address

259 N Roscoe Blvd.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

3. Mailing Office Address

259 N Roscoe Blvd

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1997

5. FEI Number

593448329

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

Tedi M. Hedstrom

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

259 N. Roscoe Blvd.

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

Tedi M. Hedstrom

Date

6/17/04

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>Tedi Hedstrom</u>	<u>259 N Roscoe Blvd</u>	<u>PVB, FL 32082</u>
<u>V. Pres</u>	<u>Don Hedstrom</u>	<u>259 N Roscoe Blvd</u>	<u>PVB, FL 32082</u>
<u>Secr.</u>	<u>Ludmila Sandari</u>	<u>1108 Fairway Park Blvd.</u>	<u>PVB, FL 32082</u>

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)(l), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald M. Hedstrom Jr.

Tedi M. Hedstrom

Tedi M. Hedstrom

6/17/04

Date

904-476-5505

Daytime Phone #

617104

904-273-9296

CR2E081 (01/04)