FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P01000110414

1. Corporation Name

BEARS FINANCIAL SERVICES, INC.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
420 SOUTH PARK RD.	831 SW 12TH PL
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.:
City & State: HOLLYWOOD, FL	City & State: FT. LAUDERDALE, FL
Zip: 33021 Country: BROWARD	Zip: 33315 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: NOV 15 2001

5. FEI Number: 65-1153680 ☐ 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: ISAAC GROSSMAN

Street Address (P.O. Box Number is Not Acceptable): 420 SOUTH PARK ROAD

Suite, Apt. #, Etc.: 302

City: HOLLYWOOD State: FL Zip Code: 33021

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: [signature] REGISTERED AGENT MUST SIGN Date: 6-9-03

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
PRES	ISAAC GROSSMAN	420 SOUTH PARK RD	HOLLYWOOD, FL 33021
		800029807558 03/03/04--01040--008 **300.00	
		800029807558 03/03/04--01040--009 **150.00	

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: [signature] 6-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #