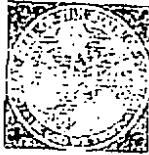


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 APR -7 PM 1:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P17 000029295

Blue Bear International Corporation

2. Principal Office Address - No P.O. Box #

15471 SW 12th St.

State, Apt. #, etc.

203

City & State

Surprise, FL

Zip

33326

Country

USA

3. Mailing Office Address

15471 SW 12th St.

State, Apt. #, etc.

203

City & State

Surprise, FL

Zip

33326

Country

USA

200343063632
04/07/20--01006--006 **750.00

CR20001 1127161

4. Date incorporated or Qualified
To Do Business in Florida

3/31/17

5. FBI Number

32-0533618

Applied Fee

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Registered Agents Inc.

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

7901 4th St N

State, Apt. #, etc.

STE 300

City

St. Petersburg

State

FL

Zip Code

33702

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

Blue Name

REGISTERED AGENT MUST SIGN

Date: 03/27/2020

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
VP	Remedios Palomino	11549 SW 59th CT	Cooper City FL 33330
VP	Christophe Escur	11549 SW 59th CT	Cooper City FL 33330

T. MOORE
APR 07 2020

E-mail Address:

606 @ beaniegourmetink.com

(To be used for future annual report notification)

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 and the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all taxes owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.105, F.S.

SIGNATURE:

Palomino

Escur

Christophe Escur

9/1/20 917 587-815