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 # P17000029295

1. Corporation Name
Blue Bear International Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15471 SW 12th St.	15471 SW 12th St.
Suite, Apt. #, etc. # 203	Suite, Apt. #, etc. # 203
City & State Sunrise Fla.	City & State Sunrise, Fla
Zip 33326 Country USA	Zip 33326 Country USA

200384085882
04/07/20--01006--005 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 3/3/17

5. FEI Number 32-0533618

6. CERTIFICATE OF STATUS DESIRED — Applied For / Not Applicable — $5.00 Additional Fee for Certified Copy / 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
Suite, Apt. #, Bldg.: 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: Bill Hanna
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
P/D	Remedios Palomino	11549 SW 59th CT	Cooper City FL 33330
VP/D	Christophe Escue	11549 SW 59th CT	Cooper City FL 33330

T MOORE
APR 07 2020

E-mail Address: food@bluebeargourmet.com
(To be used for future annual report notification)

I certify that I am an officer or director of the corporation 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., and that all taxes owed by the corporation have been paid. I further certify that 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.817.155, F.S.

SIGNATURE: [signature] Christophe Escue 4/1/20 917 587-815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date