

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000054588**

1. Corporation Name

**BLUE-EYED BEAR, INC.**

Principal Place of Business

**1494 RAILHEAD BLVD  
B  
NAPLES FL 34110  
US**

Mailing Address

**1494 RAILHEAD BLVD  
NAPLES FL 33940  
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**BLUE-EYED BEAR, INC.  
1494 RAILHEAD BLVD.  
NAPLES, FL 34110  
941-597-8177 FAX 941-597-8461**

3. New Mailing Office Address, If Applicable

**BLUE-EYED BEAR, INC.  
1494 RAILHEAD BLVD.  
NAPLES, FL 34110  
941-597-8177 FAX 941-597-8461**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/22/1994**

5. FEI Number

**65-0514031**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TARNPOLL, MICHAEL DAVID	745 SOUTHERN PINES DR	NAPLES FL 33940 34103
ST	TARNPOL, RI	745 SOUTHERN PINES DR	NAPLES FL

**400003029624-4  
-10/29/99--01081--024  
\*\*\*150.00 \*\*\*150.00**

**10/18/99**

8. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**Michael David Tarnpoll**

REGISTERED AGENT MUST SIGN

Date

**10/18/99**

11. 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:

**Michael David Tarnpoll**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/18/99 (941) 597-3177**

Date

Daytime Phone #

CP2ED040 (8/99)

**BLUE-EYED BEAR, INC.  
1494 RAIL HEAD BLVD  
NAPLES, FL 34110  
941-597-3177  
941-597-6461 fax**

October 18, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O Box 6327  
Tallahassee, FL 32314-6327

To Whom it may concern:

Please be advised that I did not receive a notice of payment due, nor a follow up statement and for that reason did not remit a fee for reinstatement this year.

These notices were not received because you sent them to the wrong address:

Blue-Eyed, Bear, Inc.  
1494 Rao: Jead Blvd  
Naples, FL 33940

Correct Address:  
Blue-Eyed Bear, Inc.  
1494 Rail Head Blvd.  
Naples, FL 34110

Please make the appropriate corrections.

I have enclosed the filing fee and request that the I be granted a one time deferral in light of the circumstances and that the corporation be reinstated.

I understand that in future this fee must be paid regardless of similar occurrences.

Sincerely,

*Michael Tarnpoll*  
Michael Tarnpoll  
President