INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FILED FOR 98 DEC -7 PM L: 5! P95000022877 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA 1060 BEAR ISLAND DRIVE CORPORATION Principal Place of Business Mailing Address 20801 BISCAYNE BLVD., STE. 505 20801 BISCAYNE BLVD., STE. 505 ATTN: C. BRECKER ATTN: C. BRECKER AVENTURA FL 33180 AVENTURA FL 33180 US If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 03/21/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0652723 Not Applicable 6. \$8.75 Additional Fee require for a Certificate of Status Zip Country Ζb Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Fach Officer and/or Director
(Do NOT Use Post Office Box Number Title(s) and/or Directors City / State / Zip HEARING: DONALD 1070-E: INDIANTOWN RD:: S-402 JUPITER EL 33477.... ST Cotleur, robert 1970-E:-INDIANTOWN RD.; S-402-JUPITER FL 83477----P WALTER STASIW 83 Six Point Road Toronto, Ontario, Canada M8Z 2X3 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BRECKER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD., SUITE 505 <u>600002</u> Suite, Apt. #, Etc. -12/15/98-AVENTURA FL 33180 01085---006 zp code 50.00 nn State ****150 d agent of the above partied corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the **UBE REQUIRED** Signature of Registered Ager REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. No Yes I 12, 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:

AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FROMBERG, PERLOW, BRECKER, SLATOFF, BESKIN, KORNIK & SHIENVOLD, P.A. Attorneys at Law

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Charles D. Brecker

E-Mail: Charles.Brecker@Fromberg-law.com

December 7, 1998

Via Certified Mail-Return Receipt Requested

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: TYRONE SCOTT

Re: 1060 Bear Island Drive Corporation

Dear Tyrone:

As a follow-up to our telephone conversation and pursuant to your instruction, please find enclosed the Application for Reinstatement of 1060 Bear Island Drive Corporation.

Please be advised that the original 1998 Annual Report was not received, and our client, not realizing this, had filed with the Dept. of State a change of Registered Agent during August 1998. The Application for Reinstatement was the first notice to us that our client's Annual Report had not been filed.

We ask your courtesy in this matter by filing the enclosed Application for Reinstatement for our client, and pursuant to your instruction, have enclosed our client's check in the sum of \$150.00 representing the State's filing fee.

Thank you for your assistance. Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

Marilyn Kalik, Assistant to

Charles D. Brecker, Esq.

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encls.

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