

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY -6 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

*Black BEAR INC*

**2. Principal Office Address**

**3. Mailing Office Address**

*1450 MERRICK RD*

*1450 MERRICK RD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*LAKeland*

City & State

City & State

*LAKeland*

*FL.*

Zip

Country

*33801*

*FL*

*US*

Zip

Country

*33801*

*FL*

*US*

300005556083--0

-05/17/02--01006--015

\*\*\*\*308.75 \*\*\*\*308.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*05-17-96*

**5. FEI Number**

*59-3391599*

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

*JAMES K. TRACEY*

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

*1450 MERRICK ROAD*

Suite, Apt. #, Etc.

City

*LAKeland*

State  
**FL**

Zip Code

*33801*

**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

*James K. Tracey*

REGISTERED AGENT MUST SIGN

Date

*4-27-02*

**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
<i>PD</i>	<i>JAMES K. TRACEY</i>	<i>1450 MERRICK RD</i>	<i>LAKeland FL 33801</i>

**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:**

*James K. Tracey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4-27-02*

Daytime Phone #

*863-668-1224*

CR2E081 (9/01)

Black Bear Inc.  
April 27, 2002

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

Re: Doc.# P96000044184  
FEI # 59-3391599

Dear Sirs,

Enclosed is a copy of my first letter that I had sent prior, and a check for \$308.75 for reinstatement of the Incorporation. The check that I had sent prior for \$158.75 according to my records With my financial institution the funds had not been cashed, and I never received the paperwork that I had been waiting for. So approximately the month of April I called to inquire why The check had not been cashed and was informed that the check and information was sent back to me because it was not enough funds. I never received the papers or check back. and was Informed that I needed to send a check in the above amount due to this amount was not adequate for the reinstatement to be current. I have been experiencing problems with my mail and have since had my mail box lock changed to insure I will receive my mail. If problems continue I will have to secure a P.O. box. Please consider the reinstatement of Black Bear Inc. Along with a copy of the prior letter, all info is enclosed for this matter. If there are any questions regarding this matter please call me @ Office # 863-668-9224 or cell # 863-398-2002.

*P.S. I could not  
Find a copy of my  
first letter that  
I had sent prior.*

*Thank you  
JKL*

Sincerely,  
James K. Tracey

