

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

FILED  
 00 JUN 23 PM 3:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P960005860P**

1. Corporation Name

**RIVER BEARS, INC.**

Principal Place of Business

Mailing Address

**4434 Cleveland Ave  
 Ft. Myers, FL 33901**

**700003328707--2  
 -07/19/00--01118--006  
 \*\*\*1058.75 \*\*\*1058.75**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		July 8 '96	
City & State		City & State		5. FEI Number	
Zip		Country		65-0699736	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Udo Upeslakis	4434 Cleveland Ave Ft. Myers	Ft. Myers, FL 33901
V	Agnes Upeslakis	4434 Cleveland Ave	Ft. Myers, FL 33901

**REINSTATEMENT** **9800 TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Udo Upeslakis 4434 Cleveland Ave Ft. Myers, FL 33901	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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 *Udo Upeslakis* REGISTERED AGENT MUST SIGN Date 6-21-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

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: *Udo Upeslakis* **Udo Upeslakis** 6-21-00 941-277-0533  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)