

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FORM
AND
FILED

1997 DEC -9 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068746

1. Corporation Name

BOOK BEAR MARKETING, INC.

Principal Place of Business

780 MULLETT DRIVE
CAPE CANAVERAL FL 32920

Mailing Address

780 MULLETT DRIVE
CAPE CANAVERAL FL 32920



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

2. New Principal Office Address, If Applicable

5610 N. Banana River Blvd

3. New Mailing Office Address, If Applicable

2023 N. Atlantic Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1996

Suite, Apt. #, etc.

Unit 2

Suite, Apt. #, etc.

Box 265

5. FEI Number

59-3393681

Applied For

Not Applicable

City & State

Cocoa Beach, FL 32931

City & State

Cocoa Beach

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SKIPPER, RON	780 MULLETT DRIVE	CAPE CANAVERAL FL 32920
D	SKIPPER, RON	5610 N. BANANA RIVER BLVD # 2	COCOA BEACH, FL 32931
			300002372493--0
			-12/15/97-01119-019
			****758.75 ****758.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

SKIPPER, RON
780 MULLETT DRIVE
CAPE CANAVERAL FL 32920

9. Name and Address of New Registered Agent

Name
SKIPPER, RON
Street Address (P.O. Box Number is Not Acceptable)
5610 N. BANANA RIVER BLVD.
Suite, Apt. #, Etc.
2
City
COCOA BEACH
State
FL
Zip Code
32931

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

Ron Skipper
REGISTERED AGENT MUST SIGN

Date 12/1/97

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/97 407-784-4980
Date Daytime Phone #

CR2E040 (8/97)