

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 SEP 22 PM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-98000035141

**1. Corporation Name**

Black Bear Realty, Inc.

**2. Principal Office Address**

270 Waymont Ct

Suite, Apt. #, etc.

110

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

**3. Mailing Office Address**

270 Waymont Ct

Suite, Apt. #, etc.

110

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

**REINSTATEMENT**

01-24

Th

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

4-16-98

**5. FEI Number**

593505534

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

Lea Brueggeman

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

270 Waymont Ct.

Suite, Apt. #, Etc.

110

City

Lake Mary

State  
**FL**

Zip Code

32746

**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

Lea Brueggeman

REGISTERED AGENT MUST SIGN

Date

9-17-04

**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
<u>DI PRES</u>	<u>MARK R. CARSON</u>	<u>P.O. BOX 520 SORRENTO FL</u>	<u>SORRENTO FL 32776</u>
<u>DSR</u>	<u>LEE BRUEGGMAN</u>	<u>SUITE 110 270 WAYMONT CT</u>	<u>LAKE MARY FL 32746</u>

**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:**

Lea Brueggeman President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sep 20 04

Daytime Phone # 407-234 1077