

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 9:33

DOCUMENT # **P98000066671**

1. Corporation Name

BEAR CONSTRUCTION INC.

2. Principal Office Address

6326 SW 191 AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33332

Country

US

3. Mailing Office Address

6326 SW 191 AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33332

Country

US

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0860667

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

BENNY BEAR

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

6326 SW 191 AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33332

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/20/05

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
D	BENNY BEAR	6326 SW 191 AVE	PEMBROKE PINES FL 33332

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

1/20/05

Daytime Phone #

954-431-7981

CR2081 (01/04)



242

BEJAR CONSTRUCTION, INC.

STATE CERTIFIED GENERAL CONTRACTOR

January 20, 2005

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Bejar Construction, Inc.
Ref. # P98000066671

To whom it may concern:

As per my telephone conversation with Mr. Tyrone Scott, I am resubmitting my Uniform business report for 2004 and 2005 corporate annual report. With this form I am including a check in the amount of \$300.00 for 2004 and 2005. The reason I did not file the 2004 Uniform Business report was because the annual report was mailed to the old business address. Therefore I am requesting that all penalty fees be waived and reinstate my corporation.

If you should have any question do not hesitate to contact me at (954) 431-5981

Very truly yours,
Bejar Construction, Inc.

Benny Bejar
President