

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000075554

**1. Corporation Name**

Bearfacts Productions, Inc.

**2. Principal Office Address**

812 SW 178th Way

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip  
33029

Country  
USA

**3. Mailing Office Address**

812 SW 178th Way

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip  
33029

Country  
USA

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

**5. FFL Number**

65-0863570

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

Suzanne Domenico

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

812 SW 178th Way

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

**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

*Suzanne Domenico*

REGISTERED AGENT MUST SIGN

Date 4-24-06

**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	Suzanne Domenico	812 SW 178th Way	Pembroke Pines, FL 33029
		<i>BR/2</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 contained in Chapter 119, 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:

*Suzanne Domenico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 954-802-9312

Date

Daytime Phone #

FILED  
06 APR 27 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-06  
CR2E081 (12/05)

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