

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 25 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000139

1. Corporation Name

BEAR LAKES ACQUISITION, LTD.

2. Principal Office Address - No P.O. Box #

2100 Hollywood Boulevard

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

US

3. Mailing Office Address

2100 Hollywood Boulevard

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/2001

5. FEI Number
65-1074284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700163089947
11/24/09--01039--014 **500.00

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name

Registered Agents of Florida, LLC

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

2900

City

Miami

State

FL

Zip Code

33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Charlben

Date 10/26/09

REGISTERED AGENT MUST SIGN

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
GP	Cornerstone BLA, LLC	2100 Hollywood Boulevard	Hollywood, FL 33020

700163089947
11/24/09--01039--014 **500.00

REINSTATEMENT 09

OR 11-30-09

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:

JM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #