

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 DEC 28 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 810705

1. Corporation Name

BRISTOL-MYERS SQUIBB COMPANY

Principal Place of Business

Mailing Address

TAX DEPT - 3RD FLOOR
345 PARK AVE
NEW YORK NY 10154
US

TAX DEPT - 3RD FLOOR
345 PARK AVE
NEW YORK NY 10154
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1956

5. FEI Number

22-0790350

Applied For

Not Applicable

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)

1	2	3	4
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	HEIMBOLD, CHARLES E. JR.	345 PARK AVENUE	NEW YORK NY
D	WEG, KENNETH E.	345 PARK AVENUE	NEW YORK NY
VT	BAINS, JR H.M.	345 PARK AVE	NEW YORK, NY 00000
V	MEZZAPELLE, DOMINIC M.	345 PARK AVENUE	NEW YORK NY
D	AUTERA, MICHAEL E.	345 PARK AVE	NEW YORK, NY 00000
V	SILVERS, EILEEN S.	345 PARK AVENUE	NEW YORK NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

DOMINIC A. BORRIELLO
REGISTERED AGENT ASSISTANT Vice President

Date

12/23/98

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)(f), 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

Alice C. Brennan
Secretary

Date

Daytime Phone #

CR2E040 (9/98)