

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005043

1. Corporation Name

B D SYSTEMS, INC.

Principal Place of Business

Mailing Address

385 VAN NESS AVENUE
TORRANCE CA 90509-2707
US

385 VAN NESS AVENUE
TORRANCE CA 90509-2707
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

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1997

5. FEI Number

95-3675882

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	HOWARD, DONIVAN R	385 VAN NESS AVE., SUITE 200	TORRANCE CA 90501
STD	URSETTIE JR, HOWARD J	385 VAN NESS AVE., STE 200	TORRANCE CA
D	GUILLORY, WEBSTER	385 VAN NESS AVE., STE 200	TORRANCE CA
V	KEER, KIRK D	385 VAN NESS AVE STE 200	TORRANCE CA 90509
PCD	HOWARD, CLARISA F	385 VAN NESS AVE., STE 200	TORRANCE CA 90509

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

000024409800

Suite, Apt. #, Etc.

11/04/03--01036--002 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

DAVID I. FARBER
ASSISTANT SECRETARY

Date

OCT 24 2003

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

310-618-8798

FILED ACCOUNTING

03 NOV -4 AM 11:21
OCT 27 2003

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED



REINSTATEMENT 03

CR2E040 (7/03)



385 Van Ness Avenue, Suite 200 • P.O. Box 2707 • Torrance, California 90509-2707
(310) 618-8798 • (310) 212-0753 FAX
www.bdsys.com

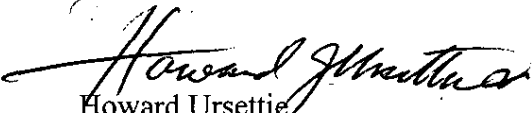
October 22, 2003

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314
Attn: Annual Report/Reinstatement Section

Dear sir/madame:

According to our records bd Systems, Inc., did not receive any previous notification regarding the 2003 annual reports/uniform business reports filings for the state of Florida. Under the mentioned circumstances, we are requesting all reinstatement fees to be waived. At this time we are submitting the reinstatement application and a check in the amount of \$150.00 for filing fees.

Thank you for your consideration.


Howard Ursettie
Vice-President/CFO