

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:39

DOCUMENT # **K05539**

1. Corporation Name

**BARD INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

4791 N.W. 157TH STREET  
MIAMI FL 33014-3607

4791 NW 157TH STREET  
MIAMI FL 33014-3607  
US



**REINSTATEMENT 99**

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

2. New Principal Office Address, If Applicable  
**P.O. Box 5800**

3. New Mailing Office Address, If Applicable  
**P.O. Box 5800**

4. Date Incorporated or Qualified To Do Business in Florida

**12/08/1987**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**22-2863155**

Applied For

Not Applicable

City & State

**MIAMI LAKE FL**

City & State

**FLORIDA**

Zip

**33014**

County

**DADE**

Zip

**33014**

Country

**DADE**

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 | City / State / Zip |
| P        | BARD, LARRY.                      | 3000 ISLAND BLVD.                              | N. MIAMI BCH FL    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |

200003035492-8  
-11/04/99--01088--003  
\$\$\$750.00 \$\$\$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARD, LARRY  
4791 NW 157 STREET  
MIAMI FL 33014

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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]*  
REGISTERED AGENT MUST SIGN

Date **10/22/99**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LARRY I. BARD, PRESIDENT**

Date

**10/22/99**

Daytime Phone #

**800 AD 645-1101**