

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K63718

1. Corporation Name

BSD HEALTHCARE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

~~4700 ASHWOOD DR~~  
~~STE 200~~  
~~CINCINNATI OH 45241~~  
~~US~~

~~4700 ASHWOOD DR~~  
~~STE 200~~  
~~CINCINNATI OH 45241~~  
~~US~~

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

2. New Principal Office Address, If Applicable

2700 N 29th Ave

3. New Mailing Office Address, If Applicable

2700 N 29th Ave

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Hollywood FL

City & State

HOLLYWOOD FL

Zip

33020

Country

US

Zip

33020

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/1989

5. FEI Number

31-1586472

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
	ROBERT S. STEVENSON	4700 ASHWOOD DR STE 200	CINCINNATI OH 45241
	WILFRED, STEVE	4700 ASHWOOD DR STE 200	CINCINNATI OH 45241
	WILHELM, DONALD	4700 ASHWOOD DR STE 200	CINCINNATI OH 45241
	ROBERT, STEVENSON	4700 ASHWOOD DR STE 200	CINCINNATI OH 45241
P	MARC BAKER	2700 N 29th Ave #305	Hollywood FL 33020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC.  
200 E LAS OLAS BLVD  
STE 1900  
FT. LAUDERDALE FL 33301

Name

Douglas Zensky

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

2700 N 29th Ave

Suite, Apt. #, Etc.

Suite 305

City

Hollywood

State

FL

Zip Code

33020

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

12/4/2001

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)(j), 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

12/4/2001

Daytime Phone #

954-923-4438

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\*\*\*\*300.00 \*\*\*\*300.00

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