#### 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 #	P0200013018	84
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1. Corporation Name

BICO USA, INC.

Principal Place of Business

Mailing Address

17718 RAINTREE® TERRACE BOCA RATON FL 33487

17718 RAINTREE# TERRACE **BOCA RATON FL 33487** 

It above addresses ar	e incorrect in any wa	ay, line thro	ugh incorrect	t information a	and enter correction below
<ol><li>New Principal Office</li></ol>		ble	<ol><li>New Ma</li></ol>	ailing Office A	ddress, If Applicable
17718 Rc	untree	+ce	90	80x	811468
Suite, Apt. #, etc.	1.		Suite, Apt.	#, etc.	\
BOCA KA	$\sim 0.7$				
City & State			City & State		1
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Zip	Country		Zip		Country
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PARTIE A TERM REPART	
REMSTATEMENT 77	
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	10/21/0301058013	**i50.00
	Date Incorporated or Qualified To Do Business in Florida	12/11/2002
	5. FEI Number	Applied For
	01 6757739	Not Applicable
3	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
а	st 3 directors)	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PSTD NISSEL, JODIE 4631 NW 31ST AVE., SUITE 240 FT. LAUDERDALE FL 33309 D BITON, JOSEPH FT. LAUDERDALE FL 33309 4631 NW 31ST AVE., SUITE 240 D GROSSMAN, PETER 4631 NW 31ST AVE., SUITE 240 FT. LAUDERDALE FL 33309 D COHEN, MICHAEL 4631 NW 31ST AVE., SUITE 240 FT. LAUDERDALE FL 33309 D PLESSER, GIL 4631 NW 31ST AVE., SUITE 240 FT. LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
	Name		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		
	·		
	City State Zip Code		

or 617.0505, F.S. 10. I, being appointed on, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Age

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

# BICO

## Bico USA Inc

Urban Life, Tribal Inspiration - www.bico-usa.com

Bico USA inc a division of Bico Designs Pty Ltd Australia.

PO Box 811468, Boca Raton, Florida 33481-1468, USA

Ph: 561 999 0222 Fax: 561 999 0169 Freecall: 1 866 Bico Buy Email: bico@bico-usa.com

.10 October, 2003

Department of State
Division of Corporations
PO Box 6327
TALLAHASSEE FL 32314-6327

Dear Sir/Madam

Further to a conversation I had with an officer in your organization. I have received the attached form and had not received any other paperwork – such as the Uniform Business Report, prior to receiving this paperwork.

Subsequently, please find attached relevant information completed and a check for \$150 being filing our report having not received the UBS previously.

Should their be any problems or questions, please call me on 561 999 0222

Kind regards

President

Bi¢o USA Inc