

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC -14 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P940000-39970*

1. Corporation Name
BD Research, Inc.

Principal Place of Business Mailing Address
**13540 North Florida Avenue, Suite 107
 Tampa, FL 33613**

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

4. Date Incorporated or Qualified To Do Business in Florida **5/23/94**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

59-3250047

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TSPD	Brian D. Bradshaw	13450 N. Florida Ave., Ste. 107	Tampa, FL 33613
DV	Jel Terciak	13450 N. Florida Ave., Ste. 107	Tampa, FL 33613
D	James Gibson	13450 N. Florida Ave., Ste. 107	Tampa, FL 33613
V	John Passaro	13450 N. Florida Ave., Ste. 107	Tampa, FL 33613

REINSTATEMENT *97*

SC 12-10-97

8. Name and Address of Current Registered Agent

**Brian Bradshaw
 2817 Bramble Ridge Court
 Holiday, FL 34691**

9. Name and Address of New Registered Agent

Name **John M. Popson, Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **156 Brookside Court**
 Suite, Apt. #, Etc. **200002369832-5**
-12/11/97--01094--001
 City **Palm Harbor** **FL 34683**
*****750.00 ***750.00**

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 *John M. Popson*
John M. Popson REGISTERED AGENT MUST SIGN

Date **December 1, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: *Brian D. Bradshaw*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian D. Bradshaw

December 1, 1997 (813) 265-1122
 Date Daytime Phone #

CRP2040 (1/2/96)