

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 19 PM 1:16

DOCUMENT # **P95000040407**

1. Corporation Name
B.I.R.D., INC.

Principal Place of Business	Mailing Address
1136 US 19 HOLIDAY FL 34691 US	1136 US 19 HOLIDAY FL 34691 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	4. Date Incorporated or Qualified To Do Business in Florida	05/19/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-3315129
City & State	City & State	Applied For	<input type="checkbox"/>
Zip	Country	Not Applicable	<input type="checkbox"/>
		6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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	4. City / State / Zip
DP	RALSTON, BARBARA J	1136 US 19	HOLIDAY FL 34691
VP	RALSTON, DAVID	1136 US 19	HOLIDAY FL 34691

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 ****300.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RALSTON, BARBARA J 1136 US 19 HOLIDAY FL 34691	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: Barbara J. Ralston, P.O. Box **SIGNATURE REQUIRED** Date 10-14-01
 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: Barbara J. Ralston, P.O. Box **SIGNATURE REQUIRED** Date 10-14-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

October 14,2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Division of Corporations:

We did not receive a Uniform Business Report for the year 2001. Our understanding is that we should have received one earlier in the year for \$150.00. Being that we never received it we are requesting that you please send us one and abate any penalties and accept the \$150.00 filing fee enclosed.

Thank you,

Barbara Rector