

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 16 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000093588

1. Corporation Name
BIRD INTERNATIONAL, INC.

2. Principal Office Address
233 NE Treebine Terrace

Suite, Apt. #, etc.

City & State
Jensen Beach, FL

Zip
34957

Country
Martin

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-05

4. Date Incorporated or Qualified
To Do Business in Florida 12/08/1995

5. FEI Number
90-0803245

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Eva-Marie Matzke

Street Address (P.O. Box Number is Not Acceptable)
233 NE Treebine Terrace

Suite, Apt. #, Etc.

City
Jensen Beach

State
FL

Zip Code
34957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Eva-Marie Matzke
REGISTERED AGENT MUST SIGN

Date 05/12/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Eva-Marie Matzke	233 NE Treebine Terrace	Jensen Beach, FL 34957

10. 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: Eva-Marie Matzke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/05 772.334.3932
Date Daytime Phone #

CR2E081 (01/05)