

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

98 DEC 21 PM 6:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000051393**

1. Corporation Name

**BIOCARD CORPORATION**

Principal Place of Business

Mailing Address

6500 SW 114TH ST  
 MIAMI FL 33156  
 US

6500 SW 114TH ST  
 MIAMI FL 33156  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correct

**REINSTATEMENT**

98  
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2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0765408  
**APPLIED FOR**

Applied For

Not Applicable

City & State

City & State

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
D	KARL, ROBERT H	6500 SW 114TH ST	MIAMI FL 33156
D	KARL, NILZA S.	6500 SW 114TH STREET	MIAMI FL 33156
D	<del>GOLDSTEIN, RONALD A.</del> DELETED	<del>19600 NE 119TH PLACE</del>	<del>NORTH MIAMI BEACH FL 33179</del>
D	Gould, Taffy	10 Edgewater Drive Apt. 14E	Miami, FL 33133
			900002722409--J -12/24/98--01088--002 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KARL, ROBERT H  
 6500 SW 114TH ST  
 MIAMI FL 33156

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

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date

12/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* KARL, ROBERT H. MD 11-30-98 305-595-6211  
 305-531-2489

Date

Daytime Phone #

CR2E040 (9/93)