

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000013273

1. Corporation Name

BMP MEDICAL PRODUCTS, INC.

Principal Place of Business

10700 76TH COURT NORTH
LARGO FL 33777

Mailing Address

10700 76TH COURT NORTH
LARGO FL 33777

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1998

5. FEI Number

59-3495715

Applied **SP**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A fee is 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
D	BUTTERWORTH, ROBERT A	10700 76TH COURT NORTH	LARGO FL 33777
D	FARRELL, REGIS H	10700 76TH COURT NORTH	LARGO FL 33777

500003046665--5
11/17/98--01011--005
***750.00 ***750.00

8. Name and Address of Current Registered Agent

FARRELL, REGIS H
10700 76TH COURT, NORTH
LARGO FL 33777

9. Name and Address of New Registered Agent

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 10-21-99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-99

Daytime Phone #

544-6409

CR22040 (8/98)