

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000003071**

1. Corporation Name

BEACON RESPIRATORY SERVICES, INC.

Principal Place of Business

Mailing Address

605 E ROBINSON STREET
SUITE 523
ORLANDO FL 32801

1614 LAKESIDE DR
ORLANDO FL 32803-1508

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/2000

5. FEI Number

59-3641476

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	IRISH, REBECCA R	1614 LAKESIDE DRIVE	ORLANDO FL 32803
VPDS	POWERS, RYAN T	1021 ATKINS PLACE	ORLANDO FL 32804
VPD	WILBURN, BRIAN R	1471 E. CENTRAL BLVD	ORLANDO FL 32801
VPDS	Powers, Ryan T	4460 Oakdale Road	Smyrna, GA 30080

900024168339

10/27/03--01066--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IRISH, REBECCA
1614 LAKESIDE DRIVE
ORLANDO FL 32804

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. or 617.0505, F.S.

Signature of
Registered Agent

Rebecca Irish
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Rebecca Irish
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

CR20040 (7/03)