

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 24 PM 5:57

DOCUMENT # **K97469**

1. Corporation Name

ASSOCIATES OF PULMONARY AND CRITICAL CARE MEDICINE, P.A.

Principal Place of Business

Mailing Address

60 WEST COLUMBIA ST., SUITE F
 ORLANDO FL 32806

P O BOX 560264
 ORLANDO FL 32856
 US

REINSTATEMENT

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

06/22/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2892305

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VARRAUX, ALAN R	927 RIDGECREST DR 6139 Greatwater Drive	ORLANDO FL WINDERMERE, FL 34786
VP	JORGE L HERNANDEZ, MD	1461 CLEARWATER CT	HEATHROW FL 32746
			300004679263--3 -11/14/01--01086--003 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BONANO, FRANK J~~
 60 WEST COLUMBIA ST.
 SUITE F
 ORLANDO, FL 32806

Name **ALAN R. VARRAUX**
 Street Address (P.O. Box Number is Not Acceptable)
6139 Greatwater Drive
 Suite, Apt. #, Etc.
 City **WINDERMERE** State **FL** Zip Code **34786**

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 **10/19/01**

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 **10/19/01** Daytime Phone # **407-841-0084**

CR2ED040 (8/99)