

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -3 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 396274

1. Corporation Name

RESPIRATORY CARE SERVICES, INC.

900040044969
08/10/04--01042--002 **1958.75

2. Principal Office Address

2840 KINNON DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2840 KINNON DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32817

Country

ORANGE

Zip

32817

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/1972

5. FEI Number

59-1385909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-04

7. Name and Address of Current Registered Agent

Name

AHMAD SAIDI

Street Address (P.O. Box Number is Not Acceptable)

2840 KINNON DR.

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32817

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

Ahmad M. Saidi

Date

REGISTERED AGENT MUST SIGN

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
P	AHMAD Y. SAIDI	2840 KINNON DR.	ORLANDO, FL. 32817
S	AHMAD Y. SAIDI		
T	AHMAD Y. SAIDI		
D	AHMAD Y. SAIDI		

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:

Ahmad M. Saidi, PRESIDENT

7/13/04 (407) 380-7333

Date

Daytime Phone #

CR2081 (07/04)

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RESPIRATORY CARE SERVICES, INC.

**2840 Kinnon Drive
Orlando, FL 32817**

July 13, 2004

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

AFFIDAVIT WAIVING THE USE OF CORPORATE NAME

STATE OF FLORIDA
COUNTY OF ORANGE

Before me the undersigned authority personally appeared , Ahmad Y. Saidi, the Registered and President of RESPIRATORY CARE SERVICES, INC., (filed for dissolution on June 30, 2004) and after first being duly sworn and said the oath deposes and says:

1- On July 11, 2003, I submitted an application for an Article of Incorporation for RESPIRATORY CARE SERVICES, INC.

2- The ARTICLE OF INCORPORATION was filed with Division of Corporation on July 14, 2003 and it was assigned the document number P03000077836.

3- Since the real intention was in fact is to reactivate the older RESPIRATORY CARES SERVICES, INC., Document No. : 39624 that was filed On 2/22/1972, but was administratively dissolved in 1996, I, on June 30, 2004, submitted in my capacity as President, an ARTICLE OF DISSOLUTION for the present corporation document number P03000077836 to pave the way for the proper instating the old corporation.

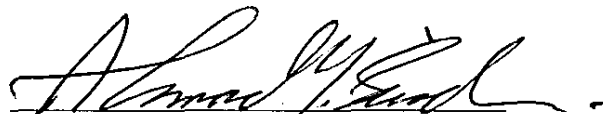
4- This AFFIDAVIT has been provided to waive the right of using the above corporate name before the expiration of the statutory period of 120 days to be used by any other applicant.

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5- Under a separate envelope, the proper CORPORATION REINSTATEMENT form with the applicable fees for such reinstatement will be provided.

FURTHER AFFIANT SAYETH NOT.


Ahmad Y. Saidi, Registered Agent


AHMAD Y. SAIDI, President

Sworn to and Subscribed Before me this the 13th. Day of July 2004 and presented Fla. Driver's License No. : S300-019-095-0 as form of identification


NOTARY

My Commission Expires on :

