

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

721234

1. Corporation Name

Sleep Research, Inc.

Principal Place of Business

Mailing Address

255 S. Orange Avenue
Orlando, FL 32801

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

2. New Principal Office Address, If Applicable

903 W. Emmett Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

903 W. Emmett Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/71

5. FEI Number

23-7119159

Applied For

Not Applicable

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34741

Country

Osceola

Zip

34741

Country

Osceola

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. All fees of fees 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
PD	Ismet Karacan, M.D.	5211 Wigton Street	Houston, TX 77096
VPD	Sabri Derman, M.D.	402 Rhapsody Street	San Antonio, TX 78216
VPD	A. Clifton Black, Esq.	903 W. Emmett Street	Kissimmee, FL 34741
			300003039189--1
			-11/09/99--01022--005
			***1645.00 ***1645.00

8. Name and Address of Current Registered Agent

A. Clifton Black, Esq.
255 S. Orange Avenue
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name

A. Clifton Black

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

903 W. Emmett Street

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

A. Clifton Black

REGISTERED AGENT MUST SIGN

Date 10-5-99

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:

Ismet Karacan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-99 407932-110

FILED

99 NOV -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA