

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721236

1. Corporation Name

Sleep Research, Inc.

REINSTATEMENT 2000+2001
3-5-01

2. Principal Office Address

903 W. Emmett St.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

903 W. Emmett St.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

6/24/1971

5. FEI Number

237119159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300003829143--8
-03/09/01--01017--029
***358.75 ***358.75

7. Name and Address of Current Registered Agent

Name

A. Clifton Black

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

903 W. Emmett St.

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code
34741

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

A. Clifton Black

REGISTERED AGENT MUST SIGN

Date

2-21-01

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
PD	Ismet Karacan, M. D.	5211 Wigton Street	Houston, TX 77096
VPD	A. Clifton Black, Esq.	903 W. Emmett St.	Kissimmee, FL 34741
VPD	Sabri Derman, M.D.	402 Rhapsody St.	San Antonio, TX 78216
VPD	Layla Karacan	903 W. Emmett St	Kissimmee Fl. 34741

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:

A. Clifton Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-01 407 931 1115

Daytime Phone #

CR2E081 (9/00)