

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 12 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


600138686786  
12/17/08--01027--001 \*\*61.25

600138686786  
12/08/08--01043--015 \*\*297.50

**REINSTATEMENT 07-09**

CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721236  
1. Corporation Name  
**International Sleep Research Foundation, Inc.**  
W08-54484

2. Principal Office Address - No P.O. Box # <b>104 South Clyde Avenue</b>		3. Mailing Office Address <b>104 South Clyde Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Kissimmee, Florida</b>		City & State <b>Kissimmee, Florida</b>	
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida 06/24/1971

5. FEI Number <b>237119159</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**A. Clifton Black**

Street Address (P.O. Box Number is Not Acceptable)  
**104 South Clyde Avenue**

Suite, Apt. #, Etc.

City <b>Kissimmee</b>	State <b>FL</b>	Zip Code <b>34741</b>
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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* Date 12-9-08  
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
PD	Ismet Karacan, MD	5211 Wigton Street	Houston, Texas 77096
VPD	John Mayer, S MD	2002 Holcombe Blvd	
		Bldg 110, Rm 225	Houston, Texas 77030
SD	C. Turan, MD	400 Renaissance Center	
		(GM Health Services)	Detroit, Michigan 48265

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 contained in Chapter 119, 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 for Ismet Karacan, MD.* Date 12-3-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #