

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

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721236

1. Corporation Name

International Sleep Research Foundation, Inc.

W08-54494

2. Principal Office Address - No P.O. Box #

104 South Clyde Avenue

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

USA

3. Mailing Office Address

104 South Clyde Avenue

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

USA

REINSTATEMENT 07-09

CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 06/24/1971

5. FEI Number

237119159

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Kissimmee

State

FL

Zip Code

34741

☐ 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

REGISTERED AGENT MUST SIGN

Date 12-9-08

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 & *Ismet Karacan, MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-08

Daytime Phone #