

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

1

FILED

05 SEP 30 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003730

1. Corporation Name

CRITICAL AIR MEDICINE, INC.

Principal Place of Business
4141 KEARNY VILLA ROAD
SAN DIEGO CA 92123

Mailing Address
4141 KEARNY VILLA ROAD
SAN DIEGO CA 92123



500000118387795

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		33-0055832	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee 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
CP	METZ, HARRY	15342 CRESTVIEW COURT	POWAY CA 92064
CS	KEEVER, RONALD	13048 DECANT DR.	POWAY CA 92064
D	METZ, CHRISTINA	15342 CRESTVIEW COURT	POWAY CA 92064
D	HALEY, ROGER M.D.	515 S. LOCUST	VISALIA CA 93277
V	FELDMAN, GARY	10234 WALNUTDALE ST.	SAN DIEGO CA 92131
D	HILL, DAVID M	560 CREST DRIVE	ENCINITAS CA

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name CORPORATION SERVICE CO. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. STE. #105 City TALLAHASSEE State FL Zip Code 32301	

REINSTATEMENT

Handwritten signature/initials

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 By: *Maurice C. ...* ASSY. SECRETARY
Date: SEPT. 27, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *GARY FELDMAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GARY FELDMAN
Date: 9/20/96
Daytime Phone #: (619)514-6060

CR2E040 (7/96)

A LOCAL OFFICE
TO KNOW YOU BETTER,
A NATIONWIDE NETWORK
TO SERVE YOU BETTER.

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

②



ACCOUNT NO. : 072100000032
REFERENCE : 101032 117000A
AUTHORIZATION : *Patricia Pysant*
COST LIMIT : \$ 375.00

ORDER DATE : September 27, 1996

ORDER TIME : 10:08 AM

ORDER NO. : 101032

CUSTOMER NO: 117000A

CUSTOMER: Ms. Dawn Pumphrey
Critical Air Medicine, Inc.
4141 Kearny Villa Road

San Diego, CA 92123

DOMESTIC FILINGS

NAME: CRITICAL AIR MEDICINE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Juan E Jones

EXAMINER'S INITIALS _____

RECEIVED
96 SEP 30 AM 11:33
DIVISION OF CORPORATION