PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Kotherine Harris FOR pcretary of State REINSTATEMENT DIVISION OF CORPORATIONS FHED DOCUMENT # (774417 99 OCT 22 AM 8: 30 Professional RESPIRATORY HOME CARE, FUL SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 1020 N. PARROTT AVE, OKEECHOISEE , FLA. 34972 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite. Ant. #. etc. Applied For City & State City & State Not Applicable Zip Country Zip Country 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip OKE FCHOOSE /PUT, 1018 NI PARRUTT AVX WALTER BROWNING 34972 OKEB CHUBER, FLA. TUNNA TrouriNG. OKEFCHUZEE, PLA. 7497 400003033144--7 -11/02/99--01098--023 \*\*\*1350.00 \*\*\*1350.00 LS 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent State Zip Code FL 7447> OKERCHUTURE

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 Walter Date 111-99 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No No Intangible Personal Property Tax due June 30. 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 filling 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. Prasipant WALTER BROWNING. Walls Frank Turn Granns OFFICER OR DIRECTOR SIGNATURE: