PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
01 DEC 24 AM 10:50

CORPORATION REINSTATEMENT

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

DOCUMENT # G74417

1. Corporation Name
PROFESSIONAL RESPIRATORY HOME CARE, INC

REINSTATEMENT B 00-02

2. Principal Office Address	3. Mailing Office Address
1020 N. PARROTT AVE	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. AS # 2
City & State OKEECHOBEE, FLA.	City & State
Zip 34972 Country OKEECHOBEE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida DEC 19, 1983

5. FEI Number 59-2456111 — 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

400080476497A--0
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***1050.00 ***1050.00

Name: WALTER BROWNING.

Street Address (P.O. Box Number is Not Acceptable): 1016 N. PARROTT AVE

Suite, Apt. #, Etc.:

City: OKEECHOBEE, FLA. State: FL Zip Code: 34972

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: Walter Browning Date: 12-20-01
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
PRES.	WALTER BROWNING.	10104 S. PUNSINANE DR.	S. JORDAN, UT. 84095
V.P.	DONNA BROWNING	10104 S. PUNSINANE DR	S. JORDAN, UT. 84095
TREASURER	WALTER BROWNING.	"	"
SEC	DONNA BROWNING.	"	"

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: Walter Browning WALTER BROWNING 12-20-01 863-763-2685