

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 29 AM 9:01

DOCUMENT # **G 74417**

1. Corporation Name

**PROFESSIONAL RESPIRATORY HOME CARE,
FNC**

2. Principal Office Address

1020 N. PARROTT AVE

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DICKENSBOROUGH

City & State

Zip

Country

34972

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1983

5. FEI Number

59-2156111

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

WALTER BROWNING

Street Address (P.O. Box Number is Not Acceptable)

1018 N. PARROTT AVE

Suite, Apt. #, Etc.

City

DICKENSBOROUGH

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 **3-28-06**

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	1482 OVERLAND TR. DR.	WASHINGTON UT 84780
VP.	DANNA BROWNING	11	3000 70228223 04/12/06--01042--026 **1500.00
			B 4/3/06
			REINSTATEMENT 03-06

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:

WALTER BROWNING

Walter Browning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 435-986-1565

Date

Daytime Phone #