850 222 1222

CAPITAL CONNECTION 850 222 1222 09/27 '99 13:14 NO.317 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 SEP 30 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K52107

1. Corporation Name
Cardio-Pulmonary Health Care Services, Inc.

Principal Place of Business	Mailing Address
7370 NW 36th St. Suite 319-K Miami, FL 33166	7370 NW 36th St. Suite 319-K Miami, FL 33166

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 12/16/1988 **SP**

5. FEI Number 65-0092951 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
PD	Garcia, Hegel	7370 NW 36th St., Suite 319-K	Miami, FL 33166

100003007941--1
10/06/99-01030-032
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Solano, Orlando
10434 SW 7th St.
Miami, FL

9. Name and Address of New Registered Agent

Name Garcia, Hegel
Street Address (P.O. Box Number is Not Acceptable) 7370 NW 36th St.
Suite, Apt. #, Etc. Suite 319-K
City Miami State FL Zip Code 33166

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #