

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K97469

1. Corporation Name

Associates of Pulmonary + Critical
Care Medicine

2. Principal Office Address

60 West Columbia St PO Box 560364

Suite, Apt. #, etc.

Suite F

City & State

Orlando FL

Zip

32806

Country

U.S.

3. Mailing Office Address

PO Box 560364

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32856

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/22/99

5. FEI Number

592892305

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

ALAN R. VARRAUX

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

6139 Greatwater Drive

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

ALAN R. VARRAUX

Date

10/24/03

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
President	ALAN VARRAUX	6139 Greatwater Dr.	Windermere, FL

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:

ALAN R. VARRAUX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03

Date

407-841-0084

Daytime Phone #

CR2E081 (10/02)