

CAPITAL CONNECTION

850 222 1222

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09/27 '99 13:14 NO.317 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -5 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99623

Corporation Name

MIAMI RESPIRATORY CARE, INC.

Principal Place of Business

Mailing Address

3845 E. 4th Avenue
Hialeah, Florida 330133845 E. 4th Avenue
Hialeah, Florida 33013

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

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

6/29/89

5. FEI Number
65-0130857

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
P, V, T S, D	Eduardo Marrero	3845 E. 4th Ave,	Hialeah, FL 33013
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Marrero, Eduardo

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

3845 E. 4th Ave.

Suite, Apt. #, Etc.

City Hialeah

State
FLZip Code
33013

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

REGISTERED AGENT MUST SIGN

Date 11/4/99

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: X

Eduardo Marrero

11/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #