

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 28 AM 10:46

1. DOCUMENT # L01000017497

Name and Mailing Address

0010313 01 AT 0.292 \*\*AUTO H8 0 0615 33801-591604



RESPIRATORY CARE, L.L.C.  
1604 CRYSTAL LAKE DR  
LAKELAND FL 33801-5916



2. New Mailing Address

*1804 E. Gary Rd.*

*Lakeland, FL 33801*

Principal Place of Business  
1604 CRYSTAL LAKE DR  
LAKELAND FL 33801

3. New Principal Place of Business Address

*1804 E. Gary Rd.*  
City, State, Zip  
*Lakeland, FL 33801*

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 10/05/2001

6. FEI Number  
59-3755736

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

DURRWACHTER, VERONICA A  
1604 CRYSTAL LAKE DR  
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Veronica A. Durwachter*  
REGISTERED AGENT MUST SIGN

Date *1/21/04*

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| MGRM     | DURRWACHUER, VERONICA             | 1604 CRYSTAL LAKE DR                           | LAKELAND FL 33801  |
|          |                                   |  |                    |
|          |                                   |  |                    |
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REINSTATEMENT

*03.04*  
*dec*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Veronica A. Durwachter*

Date

*1/21/04*

Daytime Phone #

*803-581-1098*

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)