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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23908

1. Corporation Name

RESPIRATORY THERAPY ASSOC.INC.

2. Principal Office Address

142 SW 113 Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33174

Country

USA

3. Mailing Office Address

142 SW 113 Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1989

5. FEI Number

592615170

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

EDDY R MIRANDA

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

142 SW 113 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4-21-04

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
D	EDDY R MIRANDA	142 SW 113 Avenue	MIAMI, FL 33174
S	IRENE M MIRANDA	142 SW 113 AVENUE	MIAMI, FL 33174

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)(l), 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: *[Handwritten Signature]*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-04

Daytime Phone #

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1052

REINSTATEMENT 92-04

RB

2082

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : MART'S ACCOUNTING COMPANY
Account Number : I20000000048
Phone : (305) 541-6910
Fax Number : (305) 541-6940

CORPORATION REINSTATEMENT

RESPIRATORY THERAPY ASSOC. INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$2,550.00

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