

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**1. Corporation Name**

Advanced Home Respiratory Care, Inc

**2. Principal Office Address - No P.O. Box #**

3010 Nautilus Road

### 3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State:

Middleburg Florida

City &amp; State

Zip

32068

Country

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

Christoher C Horn

Street Address (P.O. Box Number is Not Acceptable)  
3010 Nautilus Road

Suite, Apt. #, Etc.

City

## Orange Park

State  
**FL**

Zip Code  
32068

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

June 21 1990

**5. FEI Number**  
59-3020392

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **58.75 Additional Fee required for a Certificate of Status**

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

Date 5/12/08

**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
Pres	Christopher C Horn	3010 Nautilus Road	Orange Park Fla 32068
Sec	Rise E. Horn	do 3010 NAUTILUS RD	do ORANGE PARK FL 32068
	<b>RH</b>		
			<div data-bbox="980 1505 1253 1516"> <div>600131229776</div> <div>06/12/08--01014--018 **300.00</div> </div>

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 contained in Chapter 119, 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

5/12/08

904-626-5337  
Daytime Phone # 8337