PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 AM 8:52

DOCUMENT # P00000035913

1. Corporation Name

**CRITICAL CARE PROFESSIONALS OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10242 N.W. 47TH AVE.. SUITE 44<br>SUNRISE FL 33351 | 10242 N.W. 47TH AVE.. SUITE 44<br>SUNRISE FL 33351 |

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: 04/07/2000

5. FEI Number: 65-0999803 ☐ 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PSD | MILLER, JOSEPH K | 10242 N.W. 47TH AVE., SUITE 44 | SUNRISE FL 33351 |
| T | MUSCOLINO, RICARDO | 10242 N.W. 47TH AVE., SUITE 44 | SUNRISE FL 33351 |
| | | | |
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| | | | |
| | | | |

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

MILLER, JOSEPH K
10242 N.W. 47TH AVE., SUITE 44
SUNRISE FL 33351

9. Name and Address of New Registered Agent 10/10/23

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (3/01)

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: Joseph Miller SIGNATURE REQUIRED — Date: 10/11/01

REGISTERED AGENT MUST SIGN

11. 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:** Joseph Miller SIGNATURE REQUIRED — 10/11/01 — (954) 742-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 11, 2001

Dept. of State
Division of Corporations
Uniform Business Report Filings
Reinstatement Dept.
P.O. Box 6327
Tallahassee, FL 32314

Re.: Critical Care Professionals of Florida, Inc.
F.E.I. No. 65-0999803
Dept. of State Document #: P00000035913

Dear Representative:

I have called your Reinstatement Department today October 11, 2001 at (850) 245-6059 and spoke to Ms. Leslie. I have explained to her that this is the first year of business for Critical Care Professionals of Florida, Inc., and that I never received the Uniform Business Report (UBR).

Ms. Leslie has instructed me to write this letter and filled-out the Application for reinstatement and send it in the enclosed envelope with a $150.00 check to the Dept. of State. By executing, this letter, the revocation or dissolution of Critical Care Professionals of Florida, Inc. will not befall.

Sincerely,

Joseph K. Miller
President