

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -3 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Florida Respiratory Solutions
Inc.

2. Principal Office Address

8206 Greenshire Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

11911 Warfield

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

City & State

San Antonio TX

Zip

78216

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/01

5. FEI Number

Not applicable

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

William Behnke

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

8206 Greenshire Drive

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33634

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

William Behnke

Date

2/25/03

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.	William Behnke	11911 Warfield	San Antonio TX 78216
VP	Deborah Behnke	11911 Warfield	San Antonio TX 78216
Tr.	Chris Mathis	21219 Encino Ash	San Antonio TX 78259

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)(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:

William Behnke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Behnke 2/25/03

Date

Daytime Phone #

210-240
9400

CR2E081 (10/02)

js 3/3

Respiratory Solutions, Inc.

**11911 Warfield Street
San Antonio, Texas 78216
(210) 308-9100**

February 26, 2003

RE: Florida Respiratory Solutions, Inc.

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Department of State:

Florida Respiratory Solutions, Inc. did not receive notification to file our annual report with the annual fee. I respectfully request that you waive the filing penalties and allow Florida Respiratory Solutions, Inc. to be reinstated as a Florida Corporation. I have enclosed the reinstatement form along with the 2002 and 2003 annual fees of \$150.00 per year.

Thank you for your attention and help in this matter. If you have any questions or comments please feel free to contact me directly at (210) 365-3270.

Sincerely,



Chris Mathis
Finance Director
Respiratory Solutions