2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					1	
DOCUMENT # P04000132570					,	
1. Entity Name					٠.	
B & B RESPIRATORY EQUIPMENT INC.			1990		05 007 00	
					06 00T 23 TMD: 47	
Principal Place of Business Mailing Address				-	1	
4021 SW 96 AVENUE		4021 SW 96 AVENUE				
MIAMI, FL 33165		MIAMI, FL 33165				
					(ABENDER HIL BRIN BIRN BERN BRIN BERN BENN BENN HEND IN BENN BRIN ABEN BRIN BENN AR ABEN	
Principal Place of Business 3. Mailing Address						
		.6		ť,		
Suite, Apt. #, etc. Suite, Apt. #			, etc.		99192006 REIN-P CR2E098 (11/05)	
City & State City & State					4. FEI Number Applied For	
Ony a state		Oily & diale			20-1658524 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional	
			<u> </u>		Fee Required	
	6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent	
BEJARANO, BARBARA						
4021 SW 96 AVENUE			Stree	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33165						
			City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE Signature twent or gottler plane of recustered speci and title if applicable. INOTE: Replatered Applications provided when patriotisms.						
Signature, tysed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE						
FILE NOW!!! FEE IS \$750.00						
	nuary 1, 2007, Fee will be \$900	0.00				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PV\$T	☐ Delete	TITLE			
NAME	BEJARANO, BARBARA		NAME		1022320601042016 **750.00	
STREET ADDRESS CITY-ST-ZIP	4021 SW 96 AVENUE MIAMI, FL 33165		STREET ADDRES	SS	71. 110. 00 012.10 010 11.	
TITLE	D	☐ Delete	TITLE	-	☐ Change ☐ Addition	
NAME	BEJARANO, BARBARA	Delete	NAME		Change (Xouthon	
STREET ADDRESS	4021 SW 96 AVENUE		STREET ADDRES	ss		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	İ	☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	is		
TITLE		☐ Delete	TITLE		Change Addition	
NAME		LJ Delete	NAME	1	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRES	ss		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME CTREET ADDRESS	,,		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	55		
TITLE		□ Delata		-	Channel Channel	
NAME	1	☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRES	ss		
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this const. It was not account and account and that my signature shall have the same legal offers and mode party that the information						
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
changed	o, or on an attachment with an address	s, with all other like empowered	J.			
SIGNATURE: 10-19-06 305 265-7113						
SIGNATURE: PONTING NO PRINTED NAME OF PONTING OFFICER OR DIRECTOR						