

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 11 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94000025103

1. Corporation Name

FLORIDA RESPIRATORY MEDICAL EQUIPMENT, INC.

2. Principal Office Address

10523 SW. 40 ST.

Suite, Apt. #, etc.

City & State

Miami, Florida 33165

Zip

33165

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
to Do Business in Florida

4-1-94

5. FEI Number

65-0479315

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

Mirella A. Larralde

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

3510 E. 2nd Ave.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 807.0505 or 817.0501, F.S.

Signature of
Registered Agent

Mirella Larralde

Date 12-6-02

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
D/P/V S/T	Mirella A. Larralde	3510 E. 2nd Ave.	Hialeah, FL 33010

REINSTATEMENT 0218

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 807 or 817, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., and 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)(b), 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:

Mirella Larralde

Date 12-6-02

305-227 4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myphone: 305-227-4014