

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED
AND
FILED

98 DEC 10 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000607

1. Corporation Name

Immediately Oxygen Services, Inc.

W98-26121

Principal Place of Business

Mailing Address

3851 62nd Ave No.
Pinellas Park, FL 34665

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

6281 39th Street North

3. New Mailing Office Address, if Applicable

5001 Ninth Ave. No.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

St. Petersburg, FL

Zip

33781

Country

Zip

33710

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 4, 1995

5. FEI Number

59-3286094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-98

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	Ioan P. Boariu	718 Cattail Ct. NE	St. Petersburg, FL 33703

300002711838-8
-12/14/98-01106-011
***1058.75 ***1058.75

11/16/1998

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ioan P. Boariu
8424 4th Street North
St. Petersburg, FL 33702

Name

Ioan P. Boariu

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

718 Cattail Ct. NE

Suite, Apt. #, etc.

City

St. Petersburg

State

FL

Zip Code

33703

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/16/1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/1998 (727)321-5353

Daytime Phone #