

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR 99 A

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007716

1. Corporation Name

A&S RESPIRATORY MEDICAL SUPPLY, INC.

Principal Place of Business

Mailing Address

2519 E. SEMRON BLVD.
APOPKA FL 32703

P.O. BOX 2321
APOPKA FL 32704



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3294263

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	ROBINSON, ALEX	1096 MILL RUN CIRCLE	APOPKA FL 32703
P	ROBINSON, SHANEL	1096 MILL RUN CIRCLE	APOPKA FL 32703

600003026776--3
-10/27/99--01081--003
****\$550.00 ****\$550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, ALEX
1096 MILL RUN CIRCLE
APOPKA FL 32704

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

OCT 20, 99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 20, 99 (407) 896-4545