

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000012554

1. Corporation Name
RESPIRATORY RX SOLUTIONS, INC

Principal Place of Business

**3363 NW 168TH STREET
MIAMI FL 33056**

Mailing Address

**3363 NW 168TH STREET
MIAMI FL 33056**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

02/13/1995

5. FEI Number

65-0574992

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	RICH, HOWARD	5009 NW 97 DRIVE	CORAL SPRINGS FL 33067
P	NOBOA, LEO	25 EDMUND ROAD	HOLLYWOOD FL 33023
V	GOTTLIEB, IRWIN	3501 N. VEYSER AVENUE, #11	HOLLYWOOD FL 33021
S	GOLDGLANTZ, ARTHUR	3801 N. 38TH AVENUE	HOLLYWOOD FL 33021

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

**NOBOA, LEONIDAS
3363 NW 168TH STREET
MIAMI FL 33056**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

11-14-97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEO NOBOA

11-14-97

305-623-7840

CR2E040 (8/97)