

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

105
2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000054335**

1. Corporation Name

AMERICAN RESPIRATORY CORP.

2. Principal Office Address

2720 East Oakland Park Blvd

3. Mailing Office Address

2720 East Oakland Park Blvd

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Ft Lauderdale Fla

City & State

Ft Lauderdale Fla

Zip

33306-1627

Country

Broward

Zip

33306-1627

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

7 10 95

5. FEI Number

650595168 /

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-04

7. Name and Address of Current Registered Agent

Name

Richard Spring

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

2720 East Oakland Park Blvd

Suite, Apt. #, Etc.

102

City

Ft Lauderdale

State

FL

Zip Code

33306

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard Spring

Date

7 14 04

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
PRES	WENDY FINELSTEIN	3301 Hollywood Oaks Dr	Hollywood Fla 33312
VP	RICH SPRING	2720 East Oakland Park Blvd	Ft Lauderdale 33306

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 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:

Wendy Finelstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

202

AMERICAN RESPIRATORY CORPORATION

P.O. Box 2829
Boca Raton, FL 33427

2720 East Oakland Park Boulevard
Ft. Lauderdale, FL 33306 Suite 102
Broward: (954) 497 - 4778
Nationwide: 1-800-439-2217
Fax: (954) 985-4084

71504

Chalam

We hereby request waiver of
reinstatement fee. We did not
receive copy of annual report
filing form at our new location
in Broward when we moved.
Enclosed is check for \$1223.75
to reinstater Corporation at
rate of \$150 per year as
advised by your office.

Andy Finkelstein
Pres