

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057405

1. Corporation Name

A11 PRO RESPIRATORY, INC.

2. Principal Office Address - No P.O. Box #

1561 B/AIR Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX., FL.

City & State

Zip

32221

Country

U.S.

Zip

Country

7. Name and Address of Current Registered Agent

Name

DARLENE BAILEY

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

1561 B/AIR Rd.

Suite, Apt. #, Etc.

City

JAX.,

State

FL

Zip Code

32221

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593581517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Darlene Bailey

Date

3/4/10

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.	DARLENE BAILEY	1561 B/AIR Rd.	JAX., FL 32221

10. E-mail Address: darlene_bailey@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Darlene Bailey

DARLENE BAILEY

3/4/10