

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

96 NOV 13 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90591**

1. Corporation Name

CARING Respiratory Services, Inc.

Principal Place of Business

Mailing Address

**7331 CORAL WAY # 265
Miami, FL 33155**

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 94-9600

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

10/28/91

5. FEI Number

65-0295342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
P	ELIA PEREZ-ARYAN	1237 Ferdinand	CORAL GABLES, FL 33134

**700002010357--1
-11/20/96-0112-016
***783.75 ***775-03
783-75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ELIA PEREZ-ARYAN
1237 Ferdinand
CORAL GABLES, FL 33134**

Name **ELIA PEREZ-ARYAN**
Street Address (P.O. Box Number is Not Acceptable) **1237 Ferdinand**
Suite, Apt. #, Etc.

City **CORAL GABLES**

State **FL**

Zip Code **33134**

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

Elia Perez-Aryan
REGISTERED AGENT MUST SIGN

Date **11/11/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Elia Perez-Aryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #