

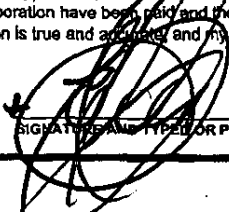


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 APR 22 AM 11:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V 01358					
1. Corporation Name Advanced Pulmonary Home Care, Inc.					
2. Principal Office Address 1102 W. Flagler St. Suite, Apt. #, etc.			3. Mailing Office Address 1102 W. Flagler St. Suite, Apt. #, etc.		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33130	Country USA	Zip 33130	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/19/91	
5. FEI Number 65-0308042				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Dominguez, Evaristo					
Street Address (P.O. Box Number is Not Acceptable) 1102 W. Flagler St.					
Suite, Apt. #, Etc.					
City Miami				State FL	Zip Code 33130
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 				Date 4/21/03	
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	
P.V.T. S.O.	Dominguez, Evaristo	1102 W. Flagler St.		Miami, FL 33130	
10. I certify that I am an officer or director or a 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: 				Date 4/21/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	