

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 NOV 19 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V57241

1. Corporation Name

ADVANCED RESPIRATORY CARE, INC.

Principal Place of Business

7350 NW 7 ST  
103  
MIAMI FL 33126  
US

Mailing Address

7079 SW 47 STREET  
MIAMI FL 33155  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/13/1992

5. FEI Number

65-0350717

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
<del>D</del>	<del>MARIN, CARLOS</del>	<del>7350 NW 7 ST #103</del>	<del>MIAMI FL</del>
<del>D</del>	<del>RODRIGUEZ, MARCIA</del>	<del>7350 NW 7 ST #103</del>	<del>MIAMI FL</del>
<del>D</del>	<del>BENO, NOELIA</del>	<del>7350 NW 7 ST #103</del>	<del>MIAMI FL</del>
<del>D</del>	<del>MALDONADO, FRANCISCO</del>	<del>7350 NW 7 ST #103</del>	<del>MIAMI FL</del>
D	RODRIGUEZ, JOSE	7350 NW 7 ST #103	MIAMI, FL 33126
D.V.	ALONSO, ANDRE	7350 NW 7 ST #103	MIAMI, FL 33126

8. Name and Address of Current Registered Agent

RODRIGUEZ, MARIA  
7350 NW 7 ST #103  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
200002353362-1  
Suite, Apt. #, Etc.  
-11/20/97-01094-003  
City  
State  
FL  
Zip Code  
\*\*\*\*750.00 \*\*\*\*750.00

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

Maria M. Rodriguez  
REGISTERED AGENT MUST SIGN

Date

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

10/27/97 (305) 267-9500  
Date Daytime Phone #

CR2E040 (8/97)