

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

98 NOV 20 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733862

1. Corporation Name

EMERGENCY MEDICAL ASSISTANCE, INC.

Principal Place of Business

Mailing Address

BOX 2228 WEST PALM BEACH
1
WEST PALM BEACH FL 33402
US

PO BOX 2228 WEST PALM BEACH
1
WEST PALM BEACH FL 33402
US



REINSTATEMENT

98

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/18/1975	
City & State		City & State		5. FEI Number	
Zip		Country		61-0198610	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PT	RIEUR, RENAN	44 COCOANUT ROW - Apt. 10B 1617 No. Flaugler Drive	PALM BEACH FL 33407 West Palm Beach FL
T	LAUN, ELNA	BOX 17313	WEST PALM BEACH FL
TS	STEVENSON, ELLYN	19 N. RIVER ROAD	STUART FL
VPT	RYBOVICH, CINDY	721 NORTH N. STREET	LAKE WORTH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RENAN, RIEUR 44 COCOANUT ROW PALM BEACH FL 33480	Please correct My Current Address	Name RENAN RIEUR Street Address (P.O. Box Number is Not Acceptable) 1617 FLAUGLER DRIVE Suite, Apt. #, Etc. APT. #10B City West Palm Beach State FL Zip Code 33407
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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 Renan Rieur REGISTERED AGENT MUST SIGN Date 11/13/98

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)(f), 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: Renan Rieur REGISTERED AGENT MUST SIGN Date 11/13/98 Daytime Phone # 1-561-655-1925

CR2E040 (9/98)

ad