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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 DEC -5 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **408428**
1. Corporation Name
Lifefleet Southeast, Inc.

100003493401--7
-12/11/00--01040--008
****750.00 ****750.00

2. Principal Office Address 2821 S. Parker Road		3. Mailing Office Address 2821 S. Parker Road	
Suite, Apt. #, etc. 10th Floor		Suite, Apt. #, etc. 10th Floor	
City & State Aurora, Colorado		City & State Aurora, Colorado	
Zip 80014	Country USA	Zip 80014	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7-15-73	
5. FEI Number 59-1395439	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

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 Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date 12/5/2000

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
	PLEASE SEE ATTACHED LIST OF OFFICERS		

10. 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: Evans **L. Evans** Date 12-1-00 Daytime Phone # (303) 614-8500

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Lifefleet Southeast, Inc.

<i>Title</i>	<i>Name</i>	<i>Address</i>
President and CEO	Raymond Hayes	1305 Chastain Road NW Building 100, #400 Kennesaw, GA 30144
VP, Treasurer And Asst. Secretary	Craig Mamelson	1305 Chastain Road NW Building 100, #400 Kennesaw, GA 30144
VP and Secretary	Robert Siler	4914 W. Knox St. Tampa, FL 33634
VP and Asst. Secretary	Lori A.E. Evans	3221 N. Service Road Burlington, ON Canada L7R3Y8
VP and Asst. Secretary	Gino Porazzo	2821 S. Parker Road 10 th Fl. Aurora, CO 80014
Asst. Secretary	Susan Whittaker	600 Six Flags Dr. Arlington, TX 76011
Director	John Grainger	3221 N. Service Road Burlington, ON Canada L7R3Y8