PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 07 NOV 29 PM 1: 35 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETABLY-OF STATE DOCUMENT # 732608 1. Corporation Name Edgewater Volunteer Emergency Rescue, Inc. 200112844762 12/05/07--0009--003 \*\*1041.25 2. Principal Office Address - No P.O. Box # 2616 Hibiscus Dr. P.O. Box 1027 T. Rossins 1207 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 04/29/1975 City & State City & State Edgewater, FL Edgewater, FL 510204830 Country Country <sup>™</sup>32141 32132 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent ฟิล็chman, Nancy J. TD The reinstatement fee is imposed, except in circumstances which the entity did not receive 2429 Tamarino Dr. the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Edgewater 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 Date //-2/-0 Registered Ager REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 150 William St. PDCousins, Margaret Edgewater, FL 32141 Barlow, Kimberly 2936 Unity Tree Dr. Edgewater, FL 32141 VD. SD Martin, Nicole 448 N. Dixie Ave. Titusville, FL Nachman, Nancy Edgewater, FL 32141 TD 2429 Tamarind Dr. Barlow, Tracey Edgewater, FL 32141 D 2004 Queen Palm Dr. 3101 Memphis Terrace Edgewater, FL 32132 Vecchio, Marilyn 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 contained in Chapter 119, F.S. The information indicated

effect as if made under oath.

11-15-07

on this application is true and accurate, and my signature shall have the

SIGNATURE: