Dawn Cardenas 800-432-3622 (03/03) 10/18/2016 10:07:37 AM

RECEIVED
2016 OCT 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F14000004639

1. Corporation Name

Demers Ambulance Manufacturer Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
28 Richelieu	28 Richelieu
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: Beloeil	City & State: Quebec
Zip: J3G4N5 — Country: Canada	Zip: J3G4N5 — Country: Canada

4. Date Incorporated or Qualified To Do Business in Florida: 11/03/2014

5. FEI Number: 98-1174364 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes

7. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr.
Suite, Apt. #, Etc.: Ste A
City: Tallahassee — State: FL — Zip Code: 32301

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: __________
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
President	Alain Brunelle	28 Richelieu	Beloeil, Quebec J3G4N5 Canada
Vice President	Benoit Lafortune	28 Richelieu	Beloeil, Quebec J3G4N5 Canada

10. E-mail Address: info@demers-ambulances.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 2016-10-14 450-467-4683 ext 235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

DC 10/18/16

2 of 2 pages

Dawn Cardenas 800-432-3622 (02/03) 10/18/2016 10:07:17 AM

RECEIVED
2016 OCT 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000257305 3)))

H16000257305 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

RECEIVED
2016 OCT 18 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
DEMERS AMBULANCE MANUFACTURER INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00

Electronic Filing Menu Corporate Filing Menu Help