

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 15 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **F96000003710**

Florida Emergency Partners, Inc.

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 7/22/96	
5. FEI Number 59-3383583	Applied For 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	500004430885-1
Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road	-06/19/01--01115--021 ***300.00 ***300.00
Suite, Apt. #, Etc.	REINSTATEMENT 00-07
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, ASST Secy Date 6/15/11
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
P/CEO	Raymond Hayes	1305 Chastain Road NW	Kennesaw, GA 30144
V/T/AS	Craig Mamelson	1305 Chastain Road NW	Kennesaw, GA 30144
V/S	Robert Siler	4914 W. Knox St.	Tampa, FL 33634
V/AS	Lori A.E. Evans	3221 N. Service Road	Burlington, ON Canada L7R3Y8
V/AS	Gino Porazzo	2821 S. Parker Road, 10th Fl.	Aurora, CO 80014
AS	Susan Whittaker	600 Six Flags Drive, #300	Arlington, TX 76011

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)(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] Vice President/Asst. Secretary 303-614-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

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Florida Emergency Partners, Inc.

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Continued

<u>Title</u>	<u>Name of Director</u>	<u>Address</u>	<u>City/State/Zip</u>
D	Jack Edwards	2821 S. Parker Road, 10 th Fl.	Aurora, CO 80014