

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

Suite, Apt. #, etc.

10th Floor

City & State

Aurora, Colorado

Zip

80014

Country

USA

3. Mailing Office Address

2821 S. Parker Road

Suite, Apt. #, etc.

10th Floor

City & State

Aurora, Colorado

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 ☐

**\$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 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 Bayan, ASST Secy
REGISTERED AGENT MUST SIGN

Date **6/15/01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President/Asst. Secretary

303-614-8500

Date

Daytime Phone #

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Florida Emergency Partners, Inc.

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Continued

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