

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR  
REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M80655

1. Corporation Name

EMERGENCY MEDICAL SUPPLY CO.

Principal Place of Business

16956 S. MCGREGOR BLVD.  
FORT MYERS FL ~~33906~~

Mailing Address

P.O. BOX 61036  
FORT MYERS FL 33906-1036

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33908

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1988

5. FEI Number

65-0399853

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DST	MYERS, T.W.	16956 S. MCGREGOR BLVD.	FORT MYERS FL <del>33906</del> 33908

900008813769

11/05/02--01107--002 \*\*150.00

8. Name and Address of Current Registered Agent

MYERS, T.W.  
16956 S. MCGREGOR BLVD.  
FORT MYERS FL ~~33906~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code  
33908

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 239-337-3636

CR2E040 (8/02)

10/31/02

Florida Dept of State  
Division of Corporations

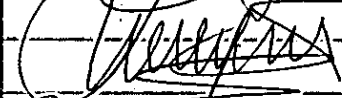
Application for Reinstatement  
Emergency Medical Supply Co  
Doc. # M80655

Received this day, Thursday 10/31/02  
Florida Notice of Administrative  
Dissolution. We have checked  
our records and find we have  
not received the uniform  
business report renewal  
form for 2002 nor any  
second notice.

I am grateful that we  
received the Reinstatement  
notice. I have been ill but  
mail goes to our PO Box and  
have no explanation as to why  
we did not receive the report  
on time.

I thank you for allowing the  
reinstatement without penalty  
of our corporation at this time.

Sincerely,



Emergency Medical Supply Co. M80655  
T. J. MIERES, Director