

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000000818

1. Corporation Name

EMERGENCY MEDICAL TRAINING
INSTITUTE, INC

2. Principal Office Address

152 NE 167th ST

Suite, Apt. #, etc.

501

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

3. Mailing Office Address

152 NE 167th ST

Suite, Apt. #, etc.

501

City & State -

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-7-00

5. FEI Number

65-0980963

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

BRUCE GADOL

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

7430 SW 153rd PLACE

Suite, Apt. #, Etc.

107

City

MIAMI

100005180351--7

04/01/02--01078--017

****306.25 ***306.25

State

FL

Zip Code

33193

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

Bruce Gadol

REGISTERED AGENT MUST SIGN

Date 11-15-01

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(1)	BRUCE GADOL	7430 SW 153 rd PL #107	MIAMI, FL - 33193
V(1)	TRACY TATUM	18336 NW 68 th AVE APT B	MIAMI LAKES, FL - 33015
T(1)	THERESA CHANG	152 NE 167 th ST #201	NORTH MIAMI BEACH, FL 33162
S(1)	ANTHONY CHANG	152 NE 167 th ST #201	NORTH MIAMI BEACH, FL 33162

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:

Tracy Tatum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-01 (305) 827-8656

Date

Daytime Phone #

CR2E081 (9/01)