2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003460

Entity Name: FLORIDA EMS PILOTS ASSOCIATION INC.

FILED Oct 13, 2008 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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15823 FAIRCHILD DR. 25145 NW 140TH LN CLEARWATER, FL 33762 HIGH SPRINGS, FL 32643

Current Mailing Address: New Mailing Address:

15823 FAIRCHILD DR. 25145 NW 140TH LN CLEARWATER, FL 33762 HIGH SPRINGS, FL 32643

FEI Number: 26-3481770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, TERRY W WOMACK, MARK S
1202 KINGSWOOD LANE 25145 NW 140TH LN
FORT PIERCE, FL 34982 US HIGH SPRINGS, FL 32643 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK WOMACK 10/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: MILLER, TERRY W Name: WOMACK, MARK S

Address: 1202 KINGSWOOD LANE Address: 25145 NW 140TH LN
City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: HIGH SPRINGS, FL 32643

Title: SEC () Delete Title: () Change () Addition

 Name:
 GRAY, BART
 Name:

 Address:
 15823 FAIRCHILD DR.
 Address:

 City-St-Zip:
 CLEARWATER, FL 33762
 City-St-Zip:

Title: VP () Change (X) Addition

 Name:
 Name:
 WOODARD, JOE

 Address:
 Address:
 255 SUNRISE AVE

City-St-Zip: City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WOMACK PRES 10/13/2008