PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -2 AM 8:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N12314 ~~W96-26596~~

REINSTATEMENT AR

DO NOT WRITE IN THIS SPACE 94-96

1. Corporation Name
Association of the EMS Providers, Inc.
~~1700 Palm Beach Blvd. Ste 560~~
~~W. Palm Beach, Fl. 33401~~ < Old Address

Principal Place of Business
3717 S. Conway Road
Orlando, Fl. 32812-7607

Mailing Address
< Same

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 Address, If Applicable
3717 S. Conway Rd.	3717 S. Conway Rd.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Orlando Fl	City & State: Orlando Fl.
Zip: 32812 Country: USA	Zip: 32812-7607 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/27/1985

5. FEI Number: 592566585 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Robert B. Sims (D)	3717 S. Conway Rd.	Orlando, Fl. 32812
1st VP	James Terry (D)	"	"
2nd VP	William Colburn (D)	"	"
Treas	Dale Metz	"	800002047768--5 -01/07/97--01063--016 ****367.50 ****367.50
Sec	Leeanna Mims	"	"

8. Name and Address of Current Registered Agent
Beamer, Kathryn
W. Palm Beach, Fl. 33401

9. Name and Address of New Registered Agent
Name: Leeanna Mims
Street Address (P.O. Box Number is Not Acceptable): 3717 S. Conway Rd.
Suite, Apt. #, Etc.:
City: Orlando Fl. State: FL Zip Code: 32812

CR2E040 (12/95)

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.

Signature of Registered Agent: Leeanna Mims — Date: 12/30/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Leeanna Mims — 12/30/96 — 407-805-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #