

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 AM 10:14

DOCUMENT #

N12314

1. Corporation Name

Association of the EMS Providers Inc.

2. Principal Office Address

3717 S. Conway Rd.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32812

Country

USA

3. Mailing Office Address

3717 S. Conway Rd.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32812

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/85

5. FEI Number

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

Joseph V. FERRARA

900004467669

1

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

3717 South Conway Rd.

-07/10/01--01083

009

****367.50

****367.50

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

Date 6/21/01

REGISTERED AGENT MUST SIGN

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/O	William Godfrey	3717 S Conway Rd	Orlando, FL 32812
1VP	Bandy Vick	3717 S Conway Rd	Orlando, FL 32812
2VP	J. J. MORRISON	3717 S Conway Rd	Orlando, FL 32812
T/D	Joseph V. FERRARA	3717 S Conway Rd	Orlando, FL 32812
S/D	Ed. Szymczyk	3717 S Conway Rd.	Orlando, FL 32812

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:

Joseph V. Ferrara

6/21/01

561-221-1490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (3/00)