

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 4:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N48248
 1. Corporation Name
FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PARAMEDICS, INC.

Principal Place of Business Mailing Address
 PO BOX 6325 TALLAHASSEE FL 32314-6325
 PO BOX 6325 TALLAHASSEE FL 32314-6325



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 900 Fox Valley Drive H20Y		Suite, Apt. #, etc. 900 Fox Valley Drive H20Y		04/07/1992	
City & State Longwood		City & State Longwood		5. FEI Number 59-3155135	
Zip 32779		Zip 32779		Applied For Not Applicable	
Country US		Country US		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
MTSD	FARBER, ANDREW J THOMAS D. Monahan	1551 SPRUCEWOOD TRAIL 900 Fox Valley Dr H20Y	TALLAHASSEE FL Longwood, FL 32779
D	STEWART, GAIL	4432 KENSINGTON ROAD	TALLAHASSEE FL
PD	SOARD, TODD	7220 NW 39TH MANOR	CORAL SPRINGS FL
VD	KOPKA, WALTER	2437 PINWOODS CIR	NAPLES FL 34105
VD	ERIKSEN JOE	116 20TH AVE	VERO BEACH FL
VD	MARINELLI, BRITTANY	3134 LAKE POINTE DR	PLANTATION FL 33314

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FARBER, ANDREW J 1551 SPRUCEWOOD TRAIL TALLAHASSEE FL 32311		Name Thomas D. Monahan Street Address (P.O. Box Number is Not Acceptable) 900 Fox Valley Drive H20Y Suite, Apt. #, Etc. City Longwood State FL Zip Code 32779	

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]* **SIGNATURE REQUIRED** Date: 10/04/2002
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date: 11/04/2002 Daytime Phone #: (407) 774-1987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)