

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N48248

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PARAMEDICS, INC.

Principal Place of Business

PO BOX 6325
TALLAHASSEE FL 32314-6325

Mailing Address

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

04/07/1992

Suite, Apt. #, etc.

900 Fox Valley Drive H20Y

Suite, Apt. #, etc.

900 Fox Valley Drive H20Y

City & State

Longwood

City & State

Longwood

Zip

32779

Country

US

Zip

32779

Country

US

5. FEI Number

59-3155135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

FARBER, ANDREW J
1551 SPRUCEWOOD TRAIL
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/6/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/2002

Daytime Phone #

(407) 774-1984

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/02)