

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N48248**

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PARAMEDICS, INC.

Principal Place of Business	Mailing Address
900 FOX VALLEY DR., #204 LONGWOOD FL 32779	900 FOX VALLEY DR., #204 LONGWOOD FL 32779

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. Date Incorporated or Qualified To Do Business in Florida		04/07/1992
5. FEI Number		Applied For
59-3155135		Not Applicable
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	MONAHAN, THOMAS	900 FOX VALLEY DR., #204	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	
MONAHAN, THOMAS 900 FOX VALLEY DR., #204 LONGWOOD FL 32779		Name	
		Street Address (P.O. Box Number is Not Acceptable) 700023821027	
		Suite, Apt. #, Etc. 10715703--01050--012 **236.25	
		City	State Zip Code FL

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** Date \_\_\_\_\_  
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 REQUIRED** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)