

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 30 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005919

1. Corporation Name

THE FLORIDA EMT ^{and} PARAMEDIC FOUNDATION, INC

W04-31188

REINSTATEMENT 47-04

2. Principal Office Address

1750 N. UNIVERSITY DR

Suite, Apt. #, etc.

227

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

3. Mailing Office Address

1750 N. UNIVERSITY DR

Suite, Apt. #, etc.

227

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

08-16-04 01024 006 \$498.50

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/94

5. FEI Number

593283918

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

TODD SOARD

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

1750 N. UNIVERSITY DR #227

Suite, Apt. #, Etc.

227

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

Todd Soard

Date 8-26-04

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	TODD SOARD	1750 N. UNIVERSITY DR 227	CORAL SPRINGS FL 33071
VP	MAC KEMP	" " " "	" " "
STY	SINDIANA ECHEVERRI	" " " "	" " "
TREA	JOE ERIKSEN	" " " "	" " "

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:

Todd A Soard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/04

Daytime Phone #

954-

757-5100

CR2E081 (01/04)