

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

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DOCUMENT # P00000084576

1. Corporation Name

Ambustat Air Ambulance, Inc.

2. Principal Office Address

1009 Pool Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

1009 Pool Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

USA

City & State

Orlando, FL

Zip

32828

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2000

5. FEI Number

59-3668934

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

Kelly A. Barlow

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

1009 Pool Ct.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

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

Kelly Barlow

REGISTERED AGENT MUST SIGN

Date 10/30/01

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
D	Kelly Barlow	1009 Pool Ct.	Orlando - FL 32828
M	Marc Barlow	619 Hardwood	Orlando, FL 32828
S	Ronald Steele	619 Hardwood Circle	Orlando, FL 32828
			AD

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:

Kelly Barlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

Daytime Phone #

CR2E061 (9/00)

October 30, 2001

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

AmbuStat Air Ambulance
619 Hardwood Circle
Orlando, FL 32828

Re: Reinstatement Application

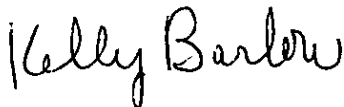
Dear whom it may concern:

We did not receive the annual report form and are submitting the reinstatement application as instructed.

If you have any questions please call 407-382-9049.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Barlow".

Kelly Barlow