

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 17 PM 2:25

DOCUMENT # P-01000047242

1. Corporation Name

DOR-SAR PATIENT TRANSPORT, INC.

2. Principal Office Address

5200 wellington park circle

3. Mailing Office Address

p.o. box 592788

Suite, Apt. #, etc.

ch#5

Suite, Apt. #, etc.

City & State

orlando, fl

City & State

orlando, fl

Zip

32839

Country

usa

Zip

32859

Country

usa

400021112154
06/24/03--01059--004 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

7 may 2001

5. FEI Number

59-3715868

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

Paul Rowe

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

5200 Wellington Park Circle

Suite, Apt. #, Etc.

Ch#5

City

Orlando

State
FL

Zip Code
32839

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

REGISTERED AGENT MUST SIGN

Date

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
Pres.	Paul Rowe	5200 wellington park circle ch#5	orlando, fl 32839
Vice Pres	Paul Rowe	5200 wellington park circle ch#5	orlando, fl 32839
Secatary	Paul Rowe	5200 wellington park circle ch#5	orlando, fl 32839
Treasur	Paul Rowe	5200 wellington park circle ch#5	orlando, fl 32839

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:

Paul Rowe

6-10-03

407-832-1693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Dor-Sar Patient Transport, Inc

P.O. Box 592788

Orlando, Fl

32859

Tel: 407-832-1693

Fax: 866-801-3622

June 10, 2003


To Whom It May Concern:

I did not receive my letter of reinstatement from the Department of State Division of Corporations. I have spoken with a representative from the department who intern asked that I submit this letter with a check requested that all fees be waived due to non-receipt of any letters from your department.

Thank You in advance,

Sincerely,

Signature

A handwritten signature in black ink, consisting of a large, stylized 'R' followed by a horizontal line and a small flourish.

Doc# - P-01000047242

Tax Id# 59-3715868