PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					Secretar	y of State				O3 JUN 17	PM 2: :	ALE MOM	
DOCUMENT # P-01000047242											- (- J	
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2. Principal Office Address 5200 wellington park circle					3. Mailing Office Address				200 703	211121 01059004	1 54 **300	.00	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				40				
ch#5 City & State					City P. Strate				4. Date incorporated or Qualified To Do Business in Florida 7 may 2001				
orlando, fl				I -	orlando, fl			5. FEI Number Applied For 59-3715868 Not Applicable					
Country USA		^{Zip} 32859		Country USA		6. CERTIFICATE OF STATUS DECIDED S8.7			Additional	Fee required			
				7.	Name and A	ddress of Cu	ment Register	ed Agent					
Street Add Suite, Apt.	ress (P.C #, Etc.	O. Box	Number is	Not Acceptable)	5200 V	Vellingto	n Park C	ircle	State	Zip Code 3283Q			
appointed the	registen	ed age	·				d accept the ot	oligations of secti				CROFCALARON	
Name of Charles Address of Each								 .	<u> </u>				
Officers and/or Directors					Officer and/or Director				<u> </u>	City / State	/ Zip		
Paul Rowe					5200 wellington park circe ch#5			ch#5	orlando, fl 32839				
Paul Rowe					5200 wellington park circle ch#5			ch#5	orlando, fl 32839				
Paul Rowe					5200 wellington park circle ch#5			ch#5	orland	lo, fl 32839			
Paul Rowe					5200 wellington park cirice ch#5			:h#5	orlando, fl 32839				
												11 -	
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 filling this reinstatement application, the peacon 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 comporation 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													
	JMENT ation Name of Agent Agent Agent Agent Row Paul Row	al Office Address wellington pa #, etc. Ido, fi Countr USA Name Paul R Street Address (P.C Suite, Apt. #, Etc. City Orlando appointed the register Agent and Street Addresses Officer Paul Rowe Paul Rowe	JMENT # P-0 detion Name OR - SAR Parison Name Country USA Name Paul Rowe Street Address (P.O. Box Suite, Apt. #, Etc. Ch# City Orlando appointed the registered age of Agent Sand Street Addresses of Eac Officers and/ Paul Rowe Paul Rowe	JMENT # P-010000 ation Name OR - SAR PATIEN al Office Address wellington park circle #, etc. do, fl Country USa Name Paul Rowe Street Address (P.O. Box Number is Suite, Apt. #, Etc. Ch#5 City Orlando appointed the registered agent of the all Agent and Street Addresses of Each Officer a Officers and/or Director Paul Rowe	JMENT # P-01000047242 ation Name OR - SAR PATIENT TRA at Office Address wellington park circle #, etc. City & State orlando Country USA Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Ch#5 City Orlando appointed the registered agent of the above named corp Agent REGISTERED Addresses of Each Officer and/or Director (F Name of Officers and/or Directors Paul Rowe Paul Rowe	Secretar DIVISION OF COUNTS OF COUNT	Secretary of State DIVISION OF CORPORATION Secretary of State DIVISION OF CORPORATION JMENT # P-01000047242 alion Name R - SAR FAT. ENT TRANSPORT - al Office Address wellington park circle p.o. box 592788 #, etc. City & State orlando, fl Country usa 32859 Country usa 7. Name and Address of Cu Name Paul Rowe Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Ch#5 City Orlando appointed the registered agent of the above named corporation, am familiar with an officer and/or Director (Florida nonprofit corporations) and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations) Name of Officers and/or Directors Paul Rowe Paul Rowe Paul Rowe 5200 wellington park of the registered to execute this a sensitatement application for the second of dissolution has been eliminated, the corporate the sensitatement application is true and my signature shall have the same legal effect as true. Paul Rowe Paul Rowe	SCIPLE AND SCIPLE SCIPL	SECRETARY OF State DIVISION OF CORPORATIONS JMENT # P-01000047242 altion Name A SAR PATIENT TRANSPORT, JACA al Office Address wellington park circle Do. box 592788 JBC 4 Date Incorporation park circle City & State orlando, fl Sp-37 Country Jap Country Jap Country Jap T. Name and Address of Current Registered Agent Name Paul Rowe Street Address (P.O. Box Number is No! Acceptable) Suite, Apt. #, Etc. Ch#5 City Orlando Registered agent of the above named corporation, am familiar with and accept the obligations of sector of the registered agent of the above named corporation, am familiar with and accept the obligations of sector of the registered agent of the above named corporation, am familiar with and accept the obligations of sector of the registered agent of the above named corporation, am familiar with and accept the obligations of sector of the registered agent of the above named corporation, am familiar with and accept the obligations of sector of the registered agent of the above named corporation park circle ch#5 City Orlando Registered Agent MUST SIGN Sincet Address of Each Officer and/or Director Sincet Address of Each Officer and/or Directors Officers and/or Directors Sincet Address of Each Officer and/or Director Officer on Officer and/or Director Officer and/or Director Officer on Offic	A Date Incorporated or To Do Business in Fig. Country USA Country US	A Diffice Address Wellington park circle 2. Mailing Office Address Wellington park circle 3. Mailing Office Address Wellington park circle 3. Mailing Office Address Wellington park circle 5. July 8 State Dollardo, fl Country Usa 7. Name and Address of Current Registered Agent Name Paul Rowe Street Address (P.O. Box Number is Not Acceptable) 5. Suite, Apt. #, Etc. Ch#5 City Orlando File REGISTERED AGENT MUST SIGN Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Orlando, fl 32839 Orlando, fl 32839 Orlando, fl 32839 Paul Rowe 5. 200 wellington park circle ch#5 Orlando, fl 32839 Orlando, fl 32839	SECRETARY OF STATEMENT Secretary of State DMISION OF CORPORATIONS JMENT # P-01000047242 JIMENT # P-0100004724 JIM	

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,

Doc# - P-01000047242

Tax Id# 59-3715868