

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000015953

**FILED**  
**Oct 29, 2013**  
**Secretary of State**

**Entity Name:** EMPIRE MEDICAL TRAINING, INC.

**Current Principal Place of Business:**

2720 EAST OAKLAND PARK BOULEVARD  
SUITE #102  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2720 EAST OAKLAND PARK BOULEVARD  
SUITE #102  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

**FEI Number:** 43-1957426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHEN, COSENTINO C PRES  
2720 EAST OAKLAND PARK BOULEVARD #102  
FORT LAUDERDALE, FL 33306 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** STEPHEN COSENTINO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** COSENTINO, STEPHEN C  
**Address:** 2720 EAST OAKLAND PARK BOULEVARD, #102  
**City-St-Zip:** FORT LAUDERDALE, FL 33306

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** STEPHEN COSENTINO

PRES

10/29/2013

Electronic Signature of Signing Officer or Director

Date