

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 17 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000036558**
1. Corporation Name
PC Paramedics of Tampa Inc.

REINSTATEMENT 03-04

2. Principal Office Address 12919 Oak Shadow Place Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 272091 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33624	Country USA	Zip 33628	Country USA

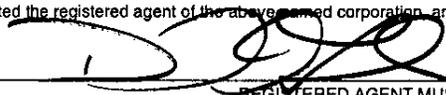
05/02/03 90243 043 150.00

4. Date Incorporated or Qualified To Do Business in Florida 3/29/02	
5. FEI Number 03-0452227	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name DAVID A. LINDIE		
Street Address (P.O. Box Number is Not Acceptable) 12919 OAK SHADOW PL.		000029963950 03/05/04--01068--003 **10.00
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33624

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.

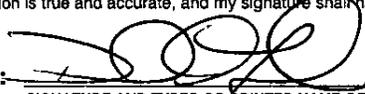
Signature of Registered Agent  Date **3-15-04**

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
Pres.	David A. Lindie	12919 Oak Shadow Place	Tampa, FL 33624

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:  Date **3-2-04** Daytime Phone # **813-265-0404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

lh

CR2E081 (01/04)

PAGE 2012

March 01, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

ATTN: REINSTATEMENT DEPARTMENT

RE: P.C. PARAMEDICS OF TAMPA INC.
DOCUMENT P02000036558

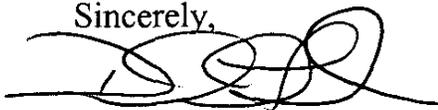
To Whom It May Concern,

I have just been informed that my corporation was dissolved. I mailed you a check #1035 which cleared my bank 5/14/2003 in the amount of \$150.00. I have enclosed a copy of that check for you. I called the Department Of State today and spoke with an agent who informed me that they still have the \$150.00 however they had sent me correspondence stating that they were in need of a federal tax identification number and that I had 20 days to respond. I am sorry to say I never received that correspondence and would ask that you reinstate my corporation effective immediately. I have also enclosed a corporation reinstatement form.

I am also enclosing my check for \$150.00 to renew the corporation for the calendar year 2004.

I am sorry for the confusion and your prompt attention in this matter is greatly appreciated.

Sincerely,



David A. Lindie
President