

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.**

2. Principal Office Address

**12919 Oak Shadow  
Place**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

**33624**

Country

**USA**

3. Mailing Office Address

**P.O. Box 272091**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

**33628**

Country

**USA**

**REINSTATEMENT**

**03-04**

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 ☐

\$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.**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33624**

**000029963950**

**03/05/04--01068--003 \*\*10.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-2-04**

Daytime Phone #

**813-265-0404**

*th*

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,

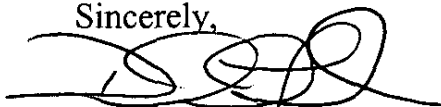
I have just been informed that my corporation was dissolved. I mailed you a check #1035 which cleared my bank 5/14/2003 in the amount of \$150.00. I have enclosed a copy of that check for you. I called the Department Of State today and spoke with an agent who informed me that they still have the \$150.00 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