2005 FOR PROFIT CORPORATION REINSTATEMENT

1 des

	KEINSIA	ATEMENT			_			•	
DOCUMENT # P02000134582				AVA		1-4-1			-
OVER PA					NOV -7 A				
Principal Plac	e of Business	Mailing Address			SE	Che Pal	J-STATE		
6720 BEACH RESORT DR #16 NAPLES, FL 34114		PO BOX 770421 NAPLES, FL 34107		REIN	MATE		_0	5	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9192005	REIN-P	CR2E0	98 (6/04)		
City & State		City & State		4. FEI Numbe 65-116				plied For Applicable	
Zip	Country	Zip	Countr	ry		of Status Desired	, L	8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New	Registered A	gent	
FLISK, LAI									
6720 BEAC NAPLES, F	CH RESORT DR #16 FL 34114	Street Address		Street Address (P.O. Box Numb	er is Not Accepta	ble)		
			-	City				T'n Code	
							FL	Zip Code	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	registered	d office or register	ed agent, or bo	th, in the State of	Florida. I am ta	miliar with, a	and accept
SIGNATURE_	Zama 1.71	ick				Novemb	k- 2, 2	005	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	i Agent signature requi	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$300.00									
FIL	LE NOW!!! FEE IS \$300.00					In accordance corporation d	e with s. 607.1 id not receive	93(2)(b), f the prior n	S., the otice.
FIL.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	In accordance corporation d	id not receive	the prior n	otice.
10.	OFFICERS AND	DIRECTORS Delete	TITLE			corporation d	id not receive	the prior n	IN 11
10.	OFFICERS AND		TITLE NAME	T AODRESS		corporation d	id not receive	the prior n	IN 11
10. TITLE NAME	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114	☐ Delete	TITLE NAME	T ADDRESS		corporation d	id not receive	the prior n	IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D		TITLE NAME STREET CITY-S TITLE	T AODRESS ST-ZIP		corporation d	id not receive	the prior n	IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	T AODRESS ST-ZIP		corporation d	id not receive	the prior of DIRECTORS Change 18:5 **150.	Otice. IN 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS		corporation d	id not receive	the prior of DIRECTORS Change 18:5 **150.	Otice. IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior of DIRECTORS Change 18:5 **150.	Otice. IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior n DIRECTORS Change 19:5 **150. Change	IN 11 Addition O Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		corporation d	id not receive	the prior n DIRECTORS Change 19:5 **150. Change	IN 11 Addition O Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET STREET TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior n DIRECTORS Change 19:5 **150. Change	IN 11 Addition O Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior n DIRECTORS Change Set 150 Change	Olice. IN 11 Addition OD Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior n DIRECTORS Change Set 150 Change	Olice. IN 11 Addition OD Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET STREET STREET STREET STREET STREET STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior n DIRECTORS Change Set 150 Change	Olice. IN 11 Addition OD Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP I ADDRESS ST-ZIP		corporation d	id not receive	the prior of the p	Otice. IN 11 Addition OD Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET CITY-S	T ADDRESS ST-ZIP		corporation d	id not receive	the prior of the p	Otice. IN 11 Addition OD Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP		corporation d	id not receive	the prior of the p	Otice. IN 11 Addition OD Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP I ADDRESS ST-ZIP T ADDRESS ST-ZIP		corporation d	id not receive	the prior of the p	Otice. IN 11 Addition OD Addition Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	Delete Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZIP		corporation d	id not receive	the prior of the p	Otice. IN 11 Addition OD Addition Addition Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D FLISK, LAURA L 6720 BEACH RESORT DR #16 NAPLES, FL 34114 D FLISK, MICHAEL T 6720 BEACH RESORT DR #16	Delete Delete Delete Delete Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	11707	CORPORATION OF CHANGES TO O	id not receive FFICERS AND I 1 9 2 9 6 006	the prior n DIRECTORS Change Change Change Change Change	otice. IN 11 Addition Of Addition Addition Addition Addition

C.R. COOPER, CPA, PA 1495 FOREST HILL BLVD STE B WEST PALM BEACH, FLORIDA 33406

American Institute of Certified Public Accountants

(561) 964-6927 (561) 432-0008

Florida Institute of Certified Public Accountants

FAX (561) 433-3596

September 19, 2005

Division of Corporations Uniform Business Report Filings P.O. Box 6327 Tallahassee, Florida 32314

Taxpayer:

OVER PAR PARAMEDIC, INC.

FEIN:

65-1166168

Document #: P02000134582

Tax Form:

UBR

Tax Period:

2005

To Whom It May Concern:

M/0 5463763616
We have enclosed check # in the amount of \$150.00 for the 2005 Corporate Reinstatement of. OVER PAR PARAMEDIC, INC., Document #P02000134582.

Please abate the late filing penalty. Mrs. Flisk did not receive the original Annual Reports. The corporation did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

Clar C. R. Cooper, CPA

Encl.

bm