

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 30 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and initials

DOCUMENT #

P03000071867

1. Corporation Name

First Response Medical Staffing, INC.

REINSTATEMENT

400130446864

05/30/08--01004--011 **750.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

3871 NW 67 Way

Suite, Apt. #, etc.

3. Mailing Office Address

3871 NW 67 Way

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33319

Country

USA

City & State

Fort Lauderdale, FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2003

5. FEI Number

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

Mario Y Schaaffe

Street Address (P.O. Box Number is Not Acceptable)

3871 NW 67 Way

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Handwritten signature of Mario Y Schaaffe

REGISTERED AGENT MUST SIGN

Date 5-21-08

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
P, T	Stefan Schaaffe	3871 NW 67 Way	Fort Lauderdale, FL 33319
VP, S	Mario Y Schaaffe	3871 NW 67 Way	Fort Lauderdale, FL 33319

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 contained in Chapter 119, 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:

Handwritten signature of Stefan Schaaffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-21-08

Date

954-733-2609

Daytime Phone #

2/2

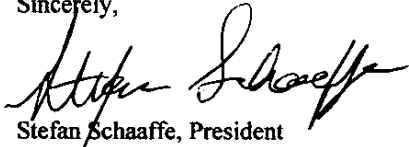
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

First Response Medical Staffing, Inc.
Stefan Schaaffe, P
3740 Inverrary Dr. E-3B
Fort Lauderdale, FL 33319

To Whom It May Concern:

I am writing this letter to request that the reinstatement fee be waived, as we did not receive the annual report notices.

Sincerely,



Stefan Schaaffe, President

tel: (954) 733-2609