2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000148914 1. Entity Name HOME PARAMEDICS, INC.				FILED 07 JUL -9 PH 12: 06
Principal Place of Business 4056 MUSTANG ROAD MIDDLEBURG, FL 32068		Mailing Address 4056 MUSTANG ROAD MIDDLEBURG, FL 320		SECKLIZATI OF STATE TALLAHASSEE, FLORIDA
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #. etc.		07032007 REIN-P CR2E098 (1/07)
City & State		City & State		4. FEI Number Applied For 20-0497704 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
ACCOUNTING & BUSINESS SOLUTIONS, INC. 9951 ATLANTIC BLVD. SUITE 418 JACKSONVILLE, FL 32225 City Middleburg T. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name Christophex F Welfard Street Address (P). Box Number is Not Acceptable) 40.56 Must Fand N. A. City Middleburg FL Zip Code 32006				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, outboth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATFORD, CHRISTOPHER F 4056 MUSTANG ROAD MIDDLEBURG, FL 32068	O DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SOD1057808 Change Addition 07/09/0701065006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	CIIV DIAZI LIVILIZI CHINGE CADORIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like ampowered. SIGNATURE: 7 - 3 = 0.7 (9.04) 1.35 0.719				
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				