

P0910000 78502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

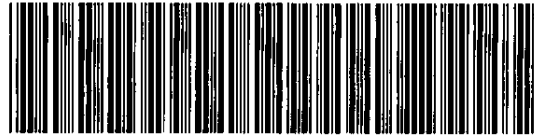
(Business Entity Name)

(Document Number)

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05/12/10--01016--006 \*\*35.00

10 MAY 12 PM 12: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*Miss [Signature]*  
07/10/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Fast Transport Medical Services, Inc.

**DOCUMENT NUMBER:** P09000078502

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Orlando Insua**

Name of Contact Person

**Fast Transport Medical Services, Inc.**

Firm/Company

**1631 NW 32 Avenue**

Address

**Miami, Florida 33125**

City/State and Zip Code

**imsua74@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlando Insua at ( 786 ) 506-4279  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)       \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

FAST TRANSPORT MEDICAL SERVICES INC

SECOND: The document number of the corporation (if known): P09000078502

THIRD: The date dissolution was authorized: 05-07-2010

Effective date of dissolution if applicable: 05-07-2010

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

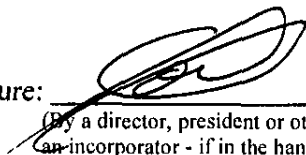
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_

(voting group)

Signature:



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ORLANDO INSUA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

APPROVED AND FILED  
10 MAY 12 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$35**