

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 1: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38129

1. Corporation Name

ATLANTIC/KEY WEST AMBULANCE, INC.

Principal Place of Business

Mailing Address

2821 S PARKER RD
10TH FL
AURORA CO 80014
US

2821 S PARKER RD
10TH FL
AURORA CO 80014
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1992

SP

5. FEI Number

33-0506809

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D		GRAINGER, John		3221 N SERVICE RD		BURLINGTON ON CANADA L7
P		SKEEN, TRACE Raymond Hayes		1850 PKWY PL 1305 Chastain Road, NW #400		MARIETTA GA 30067-- Kennesaw, GA 30144
VS		GARNER, ROBERT		7255 N.W. 19TH STREET		MIAMI FL 33126
VAS		GAINES, JOSHUA T Lori A.E. Evans		2821 S PARKER RD-10TH FL- 3221 N. Service Road		AURORA CO 80014-- Burlington, ON L7R3Y8
VAS		PORAZZO, GINO		2821 S PARKER RD., 10TH FLOOR		AURORA CO 80014
-V- V/AS/T		GAINES, JOSHUA T Craig Mamelson		2821 S PARKER RD., 10TH FLOOR 1305 Chastain Road, NW, #400		AURORA CO 80014 Kennesaw, GA 30144

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

500002499835--6

-12/13/00--01072--020

***750

State

FL

Zip Code ***750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

12-8-00

11. 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:

Gino Porizzo

12/8/00

303-614-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #