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 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38132**

1. Corporation Name

SEMINOLE COUNTY AMBULANCE, INC.

Principal Place of Business	Mailing Address
2821 S. PARKER RD. 10TH FLOOR AURORA CO 80014 US	2821 S. PARKER RD. 10TH FLOOR AURORA CO 80014 US

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

REINSTATEMENT 00

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: 33-0506811 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VAS	~~GAINES, JOSHUA I~~ Lori A.E. Evans	~~2821 S PARKER RD, 10TH FL~~ 3221 N. Service Road	~~AURORA CO 80014~~ Burlington, ON Canada L7R3Y8
D	GRAINGER, JOHN	3221 N SERVICE RD	BURLINGTON, ON CANADA L7
VS	GARNER, ROBERT	7255 NW 19TH ST	MIAMI FL 33126
P	~~SKEEN, TRACE~~ Faymond Hayes	~~1850 PARKWAY PL., #810~~ 1305 Chastain Road, NW, #400	~~MARIETTA GA 30067~~ Kennesaw, GA 30144
VAS	PORAZZO, GINO	2821 S PARKER RD, 10TH FL	AURORA CO 80014
AS	WHITTAKER, SUSAN A	~~689 AIRPORT FREEWAY SUITE 400~~ 600 Six Flags Dr.	~~HURST TX 76053~~ Arlington, TX 76011

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	Name: 700003500747--8 Street Address (P.O. Box Number is Not Acceptable): ~~13444Y00--01011--001~~ ****750.00 ****750.00 Suite, Apt. #, Etc.: City: State: FL Zip Code:

CR2E040 (8/00)

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: SIGNATURE REQUIRED Connie Bryan Date: 12-8-00
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Gino, Porazzo 12/8/00 303-614-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107282 AF