

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000045045**

1. Corporation Name

**EMERGENCY MEDICAL RESOURCES CORP.**

Principal Place of Business

~~365 CANAL STREET~~  
~~SUITE 2300~~  
~~NEW ORLEANS LA 70130~~  
US

Mailing Address

~~365 CANAL STREET~~  
~~SUITE 2300~~  
~~NEW ORLEANS LA 70130~~  
US

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

2. New Principal Office Address, If Applicable

**348 MICROSAT Pkwy, SW**

Suite, Apt. #, etc.

**SUITE 26**

City & State

**FT. WORTH BEACH, FL**

Zip

**32548**

Country

**USA**

3. New Mailing Office Address, If Applicable

**348 MICROSAT Pkwy, SW**

Suite, Apt. #, etc.

**SUITE 26**

City & State

**FT. WORTH BEACH, FL**

Zip

**32548**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**06/21/1993**

5. FEI Number

**65-0441574**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	CLINCHY, RICHARD A III	<del>6814 N. W. 81 AVE</del> <b>6814 Noewake Drive</b>	<del>PLANTATION FL 33317</del> <b>NEVERLE, FL 32566</b>

**680002030076--4**  
**-12/17/96--01024--016**  
**\*\*\*\*138.75 \*\*\*\*138.75**

*[Signature]*  
**12/10**

8. Name and Address of Current Registered Agent

CLINCHY III, RICHARD A

~~6814 N. W. 81 AVE~~

**6814 Noewake Drive**

**PLANTATION FL 33317-0900 NEVERLE, FL 32566**

9. Name and Address of New Registered Agent

Name

**680002030076--4**

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

**-12/17/96--01024--017**

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*  
**REGISTERED AGENT MUST SIGN**

Date **16-Oct-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard A. Clinchy, III, President**

**16-Oct-96**

Date

**(904)302-0355**

Daytime Phone #