

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 MAR -4 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045045**

1. Corporation Name

EMERGENCY MEDICAL RESOURCES CORP.

Principal Place of Business

7552 NAVARRE PARKWAY
SUITE 1
NAVARRE FL 32566-321
US

Mailing Address

7552 NAVARRE PARKWAY
SUITE 1
NAVARRE FL 32566-321
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



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)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PS

CLINCHY, RICHARD A III

6814 TIDEWATER DRIVE

NAVARRE FL 32566

200005134162--4
-03/19/02--01044--005
****750.00 ****750.00

200005134162--4
-03/19/02--01044--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CLINCHY III, RICHARD A
6814 TIDEWATER DRIVE
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date 01-mar-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Clinchy III
PRESIDENT

13-oct-01

Date

850-939-0636

Daytime Phone #

CR2E040 (3/01)