

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 # **P94000084540**

1. Corporation Name

MED TRANSPORT SERVICES, INC.

Principal Place of Business

POST OFFICE BOX 210
1614 B WEST NELSON AVE
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

POST OFFICE BOX 210
DEFUNIAK SPRINGS FL 32433

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

1614 Hwy 90 W
Defuniak Springs FL
32433 Walton

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1994

5. FEI Number

59-3265738

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
VP	HOWELL, WARREN A	1614 B WEST NELSON AVE 1614 Hwy 90 West	DEFUNIAK SPRINGS FL
D	HOWELL, ANNETTE H	POST OFFICE BOX 210 NIA 1614 Hwy 90 West	DEFUNIAK SPRINGS FL 32433 Defuniak Springs FL 32433

700002350277--9
-11/18/97--01033--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWELL, ANNETTE H
1614-A WEST NELSON AVENUE
DEFUNIAK SPRINGS FL 32433

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

Annette H. Howell

REGISTERED AGENT MUST SIGN

Date 11/3/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Annette H. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97
Date

Daytime Phone #

904-892-9111

FILED

97 NOV 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 9700