

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT 29 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P94000084540**

1. Corporation Name

Med Transport Services, Inc

2. Principal Office Address

3770 Hwy 280 E

Suite, Apt. #, etc.

City & State

DeFuniak Spgs, FL

Zip

32435

Country

Walton

3. Mailing Office Address

3770 Hwy 280 E

Suite, Apt. #, etc.

City & State

DeFuniak Spgs, FL

Zip

32435

Country

Walton

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

11-16-1994

5. FEI Number

593265738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Annette H. Howell

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

3770 Hwy 280 E

Suite, Apt. #, Etc.

City

DeFuniak Spgs.

State

FL

Zip Code

32435

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Annette H. Howell

REGISTERED AGENT MUST SIGN

Date

10/24/2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P/V/S/T</i>	<i>ANNETTE H. HOWELL</i>	<i>3770 Hwy 280 E</i>	<i>DeFuniak Spgs, FL 32435</i>

10. 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:

Annette H. Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/2001

Daytime Phone #

850-892-9324

CR2501 (9/00)