

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000007689**

1. Corporation Name

L. SCOTT ULIN EMERGENCY MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

5222 NW 110 AVE.
CORAL SPRINGS FL 33076

5222 NW 110 AVE.
CORAL SPRINGS FL 33076



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

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0807366

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PST | ULIN, L. SCOTT | 5222 NW 110 AVE | CORAL SPRINGS FL 33076 |
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300023924103
10/20/03--01006--031 **150.00

10/22

8. Name and Address of Current Registered Agent

ULIN, L. SCOTT
5222 NW 110 AVE
CORAL SPRINGS FL 33076

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/21/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. SCOTT ULIN, M.D.

Date

10/21/03 954-341-3352

Daytime Phone #

CR2E040 (7/03)

**L. SCOTT ULIN EMERGENCY MEDICAL SERVICES, INC.
5222 NW 110TH AVENUE
CORAL SPRINGS, FL 33076**

October 10, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that I have not received a renewal or any notices of renewal at this address.

We have always been prompt in our filings.

I am enclosing the renewal form and the check for \$150.00.

Thank you for your assistance.

Respectfully Yours


Dr. L. Scott Ulin, President