


PLEASE PRINT ALL INFORMATION ON ONE COPY OF THIS FORM

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 17 PM 1:08

DOCUMENT # P98000096179
1. Corporation Name FERGUSON MEDICAL TRANSPORTATION INC

Principal Place of Business 12065 LAKESHORE DRIVE CANAL POINT FL 33438	Mailing Address PO BOX 277 CANAL POINT FL 33438-0277
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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	4. Date Incorporated or Qualified To Do Business in Florida 11/09/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0872938
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	FERGUSON, JAMES	12065 LAKESHORE DRIVE	CANAL POINT FL 33438
D	FERGUSON, COREY	1785 DOVELAND DRIVE	PAHOKEE FL 33476
V	HEFFERNAN, RICHARD L	2911 E MAIN ST	PAHOKEE FL 33476
			200004745522--3 -12/31/01--01093--005 ****150.00 ****150.00
			12/24

8. Name and Address of Current Registered Agent HEFFERNAN, RICHARD L 2911 E MAIN STREET PAHOKEE FL 33476	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
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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 _____ Date _____
REGISTERED AGENT MUST SIGN

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.
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SIGNATURE: 	10-16-01	561/924-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James Ferguson, Director	Date	Daytime Phone #

CR2040 (801)

**RICHARD L. HEFFERNAN, P. A.**

**CERTIFIED PUBLIC ACCOUNTANT**

**P. O. BOX 617**

**2911 EAST MAIN STREET**

**PAHOKEE, FLORIDA 33476**

**(561) 924-7989**

**FAX (561) 924-7450**

**MEMBER**

**AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS**

**MEMBER**

**NATIONAL SOCIETY OF  
TAX PROFESSIONALS**

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

December 14, 2001

Re: Ferguson Medical Transportation, Inc.  
DOC #P98000096179

Dear Sir/Madam:

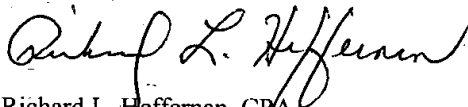
On October 16, 2001 we submitted a request for reinstatement of the aforementioned Corporation. Per our telephone conversation on today's date with your department for verification of the reinstatement, we were told that the correspondence sent along with a check for \$150.00 was never received in your office.

I am enclosing copies of our correspondence and the supporting documents for verification.

Also enclosed is check #1377 for \$150.00 as a replacement of check #1262 previously sent which has never cleared with the bank.

Please advise of your determination taking in consideration the facts stated on our previous correspondence. Thank you.

Yours truly,



Richard L. Heffernan, CPA  
**RICHARD L. HEFFERNAN, P.A.**