

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 APR 10 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041738

1. Corporation Name

GLADES MEDICAL TRANSPORT, INC.

2. Principal Office Address

1087 Old Belle Glade Road

3. Mailing Office Address

442 Sago Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pahokee, FL 33476

City & State

Pahokee, FL 33476

Zip

33476

Country

Palm Beach

Zip

33476

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

May 3, 1999

5. FEI Number

65-0914910

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

Richard L. Heffernan, CPA

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

2911 E. Main Street

Suite, Apt. #, Etc.

P.O. Box 617

City

Pahokee

State
FL

Zip Code

33476

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

Richard L. Heffernan CPA
REGISTERED AGENT MUST SIGN

Date March 6, 2002

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
PR DR	L C Robertson	442 Sago Court	Pahokee, Florida 33476
SC DR	Karol Robertson	442 Sago Court	Pahokee, Florida 33476

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:

L.C. Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-02

Date

561-924-2261

Daytime Phone #

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

Tallahassee, Florida 32314

Mar 06-02

RE: Glades Medical Transport, Inc
DOC #P99000041738

Dear Sir/Madam:

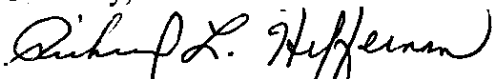
This letter is written to inform you that the above-referred Corporation never received the Uniform Business Report for the last two years. It is possible that these notices were lost in the mail. The officers of the Corporation have been involved in researching other areas where they could expand their business. They have spent very little time at the office putting their trust in the office clerk and there could be a possibility that she did not keep all-important documents.

Find enclosed along with this letter and the CORPORATION REINSTATEMENT APPLICATION a check for \$150 (required filing fee).

I take this opportunity as Registered Agent of the Corporation to notify the Corporation's new principal address of business and the new mailing office address. please make note of this.

Thank you for considering this request on behalf of my client.

Sincerely,



Richard L. Heffernan, CPA

RICHARD L. HEFFERNAN, P.A.