

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000042921**

1. Corporation Name

**Millennium Medical Transport, Inc.**

2. Principal Office Address  
**4411 NE 3rd Street**

3. Mailing Office Address  
**4411 NE 3rd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ocala, FL**

City & State  
**Ocala, FL**

Zip  
**34470**

Country  
**USA**

Zip  
**34470**

Country  
**USA**

**200067458862**  
03/09/06--01022--011 \*\*908.75  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida **05/07/1999**

5. FEI Number **593577520**

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 **William Allan King, Esquire**

Street Address (P.O. Box Number is Not Acceptable) **1531 SE 36th Avenue**

Suite, Apt. #, Etc.

City **Ocala**

State  
**FL**

Zip Code **34471**

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

*William King*

REGISTERED AGENT MUST SIGN

Date **02/24/06**

**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
D	Thomas R. Wilding	4411 NE 3rd Street	Ocala, FL 34470
D	Roberta L. Wilding	4411 NE 3rd Street	Ocala, FL 34470

*B 3/11/06*

**STATEMENT** 99-06

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 contained in Chapter 119, 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:

*Thomas R Wilding*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/06 598-8613

Date

Daytime Phone #

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**GILLIGAN, KING, GOODING & GIFFORD, P.A.**

PATRICK G. GILLIGAN  
W. JAMES GOODING III  
WILLIAM ALLAN KING  
ERIC P. GIFFORD  
ANNA ELAINE MORRIS

ATTORNEYS AT LAW  
1531 SOUTHEAST 36TH AVENUE  
OCALA, FLORIDA 34471

TELEPHONE (352) 867-7707  
FACSIMILE (352) 867-0237  
www.ocalaalaw.com

February 24, 2006

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Millennium Medical Transport, Inc.

Dear Sir / Madam,

This letter is to advise you that I have been a director and the registered agent for Millennium Medical Transport, Inc. since its organization. I have not received any annual report notices for the annual reports for 2001 through 2006. Accordingly, I'm requesting that you please waive the reinstatement fee of \$600.00.

Thank you for your consideration.

Sincerely,

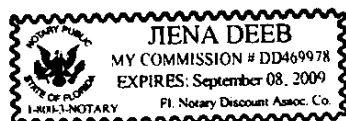
Millennium Medical Transport, Inc.

*Lynne O'Connor*

Lynne O'Connor

STATE OF FLORIDA  
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me this 24<sup>th</sup> day of February, 2006, by Lynne O'Connor who is personally known to me or who has produced a Florida driver's license Serial No. 0256-533-58-826-0 with an expiration date of 09-06-2011 as identification.



*Jena Deeb*  
NOTARY PUBLIC