

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -6 PM 2: 27

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000060004

1. Corporation Name

Affordable Patient Transport Corp.

2. Principal Office Address

1741 N. Monte Cruz Pt

3. Mailing Office Address

P. O. Box 1197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando, FL

City & State

Lecanto, FL

Zip

34442

Country

USA

Zip

34460

Country

USA

REINSTATEMENT 0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 30, 1999

5. FEI Number

65-0932995

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

Karen O. Gaffney

600004434866--6

-06/21/01--01033--017

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

221 W. Main Street, Suite D

*****8.75 *****8.75

Suite, Apt. #, Etc.

600004434866--6

-06/21/01--01033--018

City

Inverness

State

FL

*****34450.00 *****34450.00

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

Karen O. Gaffney

REGISTERED AGENT MUST SIGN

Date 5-29-01

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	John C. Longacre Jr.	223 N. Bebrides Point	Inverness, FL 34450
D	Cynthia A. Longacre	223 N. Bebrides Point	Inverness, FL 34450
D	James R. Tyner Sr.	215 Vassar Street	Inverness, FL 34452
D	Marguerite S. Tyner	215 Vassar Street	Inverness, FL 34452

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:

Marguerite S. Tyner, Marguerite S. Tyner

Date

5/31/01

Daytime Phone #

726-1252

CR2E081 (8/00)