

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -7 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000076202

1. Corporation Name

American Medical Transport Services, Inc.

2. Principal Office Address

3. Mailing Office Address

2785 20th Avenue South East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, Florida

Zip

Country

Zip

Country

34117

U. S.

REINSTATEMENT

SP

4. Date Incorporated or Qualified
To Do Business in Florida

08-26-99

5. FEI Number

65-0943281

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

Jerald R. Pitkin, Esq.

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

801 Anchor Rode Drive,

Suite, Apt. #, Etc.

Suite 203

City

Naples

000003828930

-03/09/01--01116--04

***900.00 ***900.00

000003828930

-03/09/01--01116--05

State ***900.75 *****.75

FL 34103

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

X: Jerald R. Pitkin, Esq.

REGISTERED AGENT MUST SIGN

Date 2-14-01

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
P, S, D, T	Steven G. Dersham	2785 20th Avenue South East	Naples, Florida 34117

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: X: Steven G. Dersham, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/01

94-253-1625