

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -5 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**CORPORATION  
REINSTATEMENT**

DOCUMENT # **550535**  
1. Corporation Name  
**MEDICS EMERGENCY SERVICES, INC.**

800005820178--3  
-06/18/02--01072--005  
\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address  
**351 S. CYPRESS RD**  
Suite, Apt. #, etc.  
**# 400**  
City & State  
**POMPANO BEACH, FL**  
Zip  
**33060** Country  
**USA**

3. Mailing Office Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 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  
**MALCOLM M. COHEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**351 S. CYPRESS RD**  
Suite, Apt. #, Etc.  
**400**  
City  
**POMPANO BEACH** State: **FL** Zip Code: **33060**

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 *Malcolm Cohen* Date 5/15/02  
REGISTERED AGENT MUST SIGN

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
<del>CEO</del>	<b>MALCOLM COHEN</b>	<b>351 S. CYPRESS RD #400</b>	<b>Pompano beach, FL 33060</b>
<del>Pres</del>	<b>Mitchell Cohen</b>	<b>351 S. Cypress Rd #400</b>	<b>Pompano beach, FL 33060</b>
		<b>351.25-AR</b>	
		<b>10.00-ARARTS</b>	
		<b>88.75-ARSUPP</b>	

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: *Malcolm Cohen* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/14/02

Medics Emergency Services, Inc  
351 S. Cypress Road Suite 400  
Pompano Beach, FL 33060

May 15, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To The Department of State:

The Admin Dissolution for Medics Emergency Services, Inc was done in error. The mailer you send out each year, apparently went to old address and it was not realized by the company officers until recently. We received the other 8 mailers for our other Corporations and did realize that the one for Medics Emergency was not there. You are welcome to verify this information, the other company names are Medics Ambulance Service, Inc, Palm Beach Medics, Inc, Medics Ambulance (Dade), Inc; .... etc.

For your consideration, I have attached the reinstatement form with a check for \$450.00. Please process our reinstatement as this is still an active Corporation in the state of Florida.

If you have any questions, please contact my Assistant, Kim Kopacz at 954-525-8771.

**NEW ADDRESS:**

Medics Emergency Services, Inc  
351 S. CYPRESS RD. SUITE 400  
POMPANO BEACH, FL. 33060

Thank you



Malcolm Cohen

SEARCHED  
SERIALIZED  
INDEXED  
FILED