PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

701445

1. Corporation Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

DAVIS ISLAND

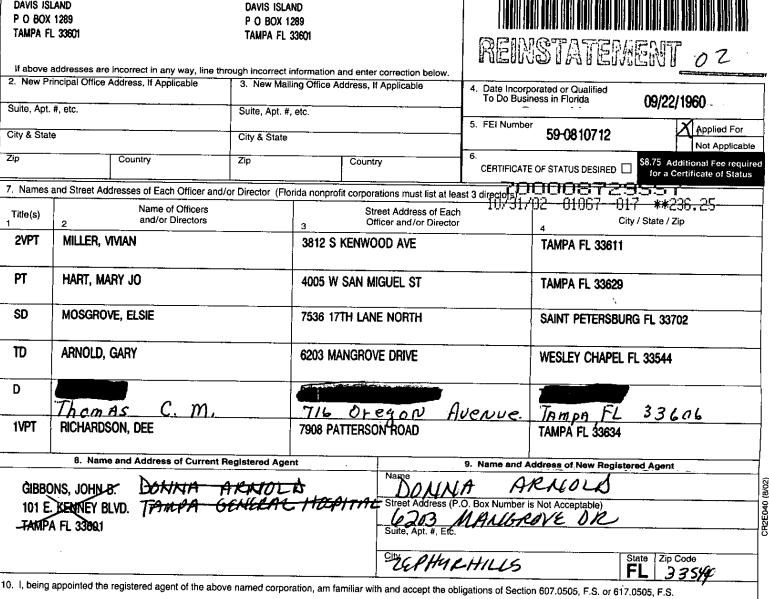
DAVIS ISLAND

P O BOX 1289

FILED

02 NOV -1 AM 9:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. 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 of Registered Agen

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat

REGISTERED AGENT MUST SIGN