PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -1 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701445**

1. Corporation Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
DAVIS ISLAND P O BOX 1289 TAMPA FL 33601	DAVIS ISLAND P O BOX 1289 TAMPA FL 33601

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **09/22/1960**

5. FEI Number: **59-0810712** — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

700008729554
10/31/02 01067 017 **236.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
2VPT	MILLER, VIVIAN	3812 S KENWOOD AVE	TAMPA FL 33611
PT	HART, MARY JO	4005 W SAN MIGUEL ST	TAMPA FL 33629
SD	MOSGROVE, ELSIE	7536 17TH LANE NORTH	SAINT PETERSBURG FL 33702
TD	ARNOLD, GARY	6203 MANGROVE DRIVE	WESLEY CHAPEL FL 33544
D	[redacted] Thomas C. M.	[redacted] 716 Oregon Avenue.	[redacted] Tampa FL 33606
1VPT	RICHARDSON, DEE	7908 PATTERSON ROAD	TAMPA FL 33634

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~GIBBONS, JOHN B.~~ ~~DONNA ARNOLD~~ ~~101 E. KENNEY BLVD.~~ ~~TAMPA GENERAL HOSPITAL~~ ~~TAMPA FL 33601~~	Name: DONNA ARNOLD Street Address (P.O. Box Number is Not Acceptable): 6203 MANGROVE DR Suite, Apt. #, Etc.: City: ZEPHYRHILLS State: FL Zip Code: 33540

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Donna A. Arnold SIGNATURE REQUIRED — Date: 10/28/02

REGISTERED AGENT MUST SIGN

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: Gary W Arnold SIGNATURE REQUIRED — Gary W. Arnold — 10/22/02 — 813-844-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #