

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 27 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753853**

1. Corporation Name

Helen Ellis Memorial Hospital Auxiliary, Inc.

2. Principal Office Address - No P.O. Box #

1395 S. Pinellas Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

34689

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 1961

5. FEI Number
59-2106043

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

Miriam Pace

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

Helen Ellis Memorial Hospital

Suite, Apt. #, Etc.

1395 S. Pinellas Avenue

City

Tarpon Springs

State

FL

Zip Code

34689

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Miriam C. Pace

Date

1-21-09

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
Pres	Joanne E. Bierly	1406 Calumet Court	Tarpon Springs, FL 34689
1st VP	Joan Bittle	39820 US 19, N, Lot 3	Tarpon Springs, FL 34689
Treas	Phyllis Coates	39248 US 19, N, #342	Tarpon Springs, FL 34689
Secr	Marilyn Mueller	800 Peninsula Road	Tarpon Springs, FL 34689
		RH	

REINSTATEMENT

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 contained in Chapter 119, 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:

Phyllis Coates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.22.09

Daytime Phone #

727.944.3615