

((H040000806113)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 16 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006264

1. Corporation Name

WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

2. Principal Office Address

11300 US Highway 19 N

3. Mailing Office Address

11300 US Highway 19 N

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

6. City & State

Clearwater, FL

7. City & State

Clearwater, FL

8. Zip

33764

9. Country

USA

10. Zip

33764

11. Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/28/1997

5. FEI Number
59-3480410

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
W. Bradley Munroe

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

8. Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.

Signature of
Registered Agent

W. B. Munroe
REGISTERED AGENT MUST SIGN

Date 4-15-04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	C. W. Brett, PHD	1601 Old Ridge Road	Pottstown, PA 19464
VPD&T	Kenneth R. Sandler, MD	1965 Roochambeau Drive	Malvern, PA 19355

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)(f), 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:

C. W. Brett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04 727/541-2646

Date Daytime Phone #

C. WILLIAM BRETT

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TR

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 205-0384

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

CORPORATION REINSTATEMENT

WINDMOOR HEALTHCARE OF PINELLAS PARK, INC.

Certificate of Status	1
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