

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

99 OCT 22 PM 2:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **L92215**

1. Corporation Name
**COLUMBIA REGIONAL MEDICAL CENTER BAYONET POINT
 VOLUNTEERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address
14000 FIVAY RD HUDSON FL 34667-7103

Handwritten initials



REINSTATEMENT 1999

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		4. Date Incorporated or Qualified To Do Business in Florida 08/09/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3043544	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
D	RICE, THOMAS	14000 FIVAY ROAD	HUDSON FL
D	HYRES, CHRIS	14000 FIVAY RD.	HUDSON FL
VP	DURAND, KAY Petersen, Gloria	14000 FIVAY ROAD	HUDSON FL
P	WHITEMORE, JOHN Martin, William	1400 FIVAY RD.	HUDSON FL
S	CHAMLIN, JEANNE Durand, Kay	1400 FIVAY RD.	HUDSON FL
T	POTTS, CONNIE Surace, Blanche	14000 FIVAY RD.	HUDSON FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RICE, THOMAS 14000 FIVAY ROAD HUDSON FL 34667		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 508883839825-1 City 750, 80, 750.00 FL	

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.
 Signature of Registered Agent *Thomas Rice* REGISTERED AGENT MUST SIGN Date **10-14-99**

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: *Blanche A Surace, Treasurer* Date **10-14-99**
 BLANCHE A SURACE Daytime Phone #

CR23240 (8/99)