

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
- FOR -  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 11 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N36121**

1. Corporation Name

**COMMUNITY HEALTH CARE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

% C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324

% C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324



**REINSTATEMENT** *96*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/17/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0186567	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>KREPS, JUANITA</del>	<del>DUKE UNIVERSITY</del>	<del>DURHAM NC</del>
<del>D</del>	<del>ANDERSON, BEGIT</del>	<del>249 WARREN AVE.</del>	<del>SILVER HORN, CO. 80498</del>
P/D	GRIGGS, THOMAS S., JR.	299 SANTA PAULA	SAN FRANCISCO CA
<del>D</del>	<del>MAMAHON, J. ALEXANDER</del>	<del>181 MONTROSE DR.</del>	<del>DURHAM NC</del>
<del>D</del>	<del>GRIGGS, JANET</del>	<del>299 SANTA PAULA</del>	<del>SAN FRANCISCO, CA, 94127</del>
<del>D</del>	<del>CONNORS, EDWARD J.</del>	<del>RR 2 BOX 290</del>	<del>MORRISVILLE VE</del>
			888882831658-6 -12/17/96--01156--010 ***247.00 ***247.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		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: *Naseem A. Conde* **NASEEM A. CONDE** Date: *12-3-96*

REGISTERED AGENT MUST SIGN **SPECIAL ASST. SECRETARY**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Thomas S. Griggs* **THOMAS S. GRIGGS** Date: *12-9-96* Daytime Phone #: *(407)665-6380*