

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

00 NOV -8 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004654**

1. Corporation Name

FOUNDATION FOR WOMEN'S HEALTH, INC.

Principal Place of Business

Mailing Address

775 1ST AVE. N.
NAPLES FL 34102

775 1ST AVE. N.
NAPLES FL 34102



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

2. New Principal Office Address, If Applicable

Collier Gov't Center - Bldg H

3. New Mailing Office Address, If Applicable

Collier Gov't Center - Bldg H

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1999

Suite, Apt. #, etc.

3301 E. Tamiami Trail

Suite, Apt. #, etc.

3301 E. Tamiami Trail

5. -FEI Number

59-3592432

Applied For

Not Applicable

City & State

Naples, FL

City & State

Naples, FL

Zip

34112

Country

U.S.

Zip

34112

Country

U.S.

6.

CERTIFICATE OF STATUS DESIRED

\$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	BUSER, DAVID P M.D.	775 1ST AVE. N.	NAPLES FL 34102
D	BECKETT, THOMAS A M.D.	11181 HEALTH PARK BLVD., STE. 11	NAPLES FL 34110
D	GAUTA, JOSEPH M.D.	860 111 AVE. NORTH, #5	NAPLES FL 34108
D	GREVENGOOD, CHRIS M.D.	803 VANDERBILT BEACH RD.	NAPLES FL 34108

REINSTATEMENT 2000

[Signature]

8. Name and Address of Current Registered Agent

TRAVIS, TED
775 1ST AVE. N.
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. *200003488012--B*
City *-12/05/00--01092--005*
****236.25 State Zip Code ***236.25*
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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/02/00

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:

Thomas A. Beckett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Beckett Treasurer

11/02/00

Date

Daytime Phone #

(941) 732-2580