

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIC FOR REINSTATEMENT



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

FILED
98 MAR -5 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33442
1. Corporation Name
THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION

1997 Reinstatement and 1998 Annual Report Filing

Principal Place of Business
9500 EUCLID AVE. H-18
CLEVELAND OH 44195-5108
Mailing Address
9500 EUCLID AVE
H-18 ATTN: NRC
CLEVELAND OH 44195-5108
US



REINSTATEMENT 07-98

If above addresses are incorrect in any way, list 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
5. FEI Number
6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Lists directors: MIXON, A. MALACHI III, LERNER, ALFRED, ROBERTS, KEVIN R., STRAFFON, RALPH A MD, SHERWIN, JOHN, CONWAY, WILLIAM E.

8. Name and Address of Current Registered Agent
ANDREW SERVICE CORPORATION OF FLORIDA
201 S BISCAYNE BLVD
STE 2900
MIAMI FL 33131
9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

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
Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No [X]

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
SIGNATURE: Michael J. Meehan
Assistant Secretary
Date: 1/27/98

CR2E040 (8/97)