

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 29 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 276657

1. Corporation Name

HICKORY MEDICAL BUILDING, INC.

**REINSTATEMENT** 72-04  
800039696588  
07/29/04--01046--012 \*\*3783.75

2. Principal Office Address

1251 S. Hickory Street

Suite, Apt. #, etc.

3. Mailing Office Address

1251 S. Hickory Street

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-18-1963

5. FEI Number

59-1059790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Mary B. Gayden

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

1955 N. Highway A1A

Suite, Apt. #, Etc.

City

Indialantic

State

FL

Zip Code

32903

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Mary B. Gayden*

REGISTERED AGENT MUST SIGN

Date 7-27-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	James G. Kaminski	152 E. Coral Way	Indialantic, FL 32903
VP	D. Bryan Gayden	401 Michigan Avenue	Indialantic, FL 32903
S/T	Mary B. Gayden	1955 N. Highway A1A	Indialantic, FL 32903
D	Marilyn K. Cable	6614 Grenville Road	Tallahassee, FL 32308
D	Carolyn J. Armstead	Rt 13, Box 393	Lake City, FL 32055
D	Karl T. Kaminski	302 E. Melbourne Avenue	Melbourne, FL 32901

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)(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:

*Mary B. Gayden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04

Date

(321) 723-3113

Daytime Phone #

CP2E081 (01/04)