

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 624793

1. Corporation Name

PALM SPRINGS GENERAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

1475 WEST 49TH STREET
HIALEAH FL 33012

1475 WEST 49TH STREET
HIALEAH FL 33012

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1979

5. FEI Number

59-2052335

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SMITH, OAKLEY G.	1475 WEST 49TH STREET	HIALEAH FL
SD	CODDINGTON, VIRGINIA	1475 WEST 49TH STREET	HIALEAH FL
D	SHELLENS, PETER L.	1475 WEST 49TH STREET	HIALEAH FL
D	SMITH, PATRICIA MARY Campbell Avery	1475 WEST 49TH STREET	HIALEAH FL
D	ROBINSON, WILLIAM R	1475 WEST 49TH STREET	HIALEAH FL
AS	SMITH-MONTANDON, VANESSA L	1475 WEST 49 STREET	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOUIS, PAUL A.
1125 ALFRED I. DUPONT BLVD., 169 E, FLAGLER
MIAMI FL 33131

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul A. Louis
REGISTERED AGENT MUST SIGN

Date

12 Dec. 2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 DEC 31 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (7/03)