

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 2:03

DOCUMENT # 705385

1. Corporation Name

FORT PIERCE MEMORIAL HOSPITAL SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

1700 SOUTH 23RD STREET 905 IBIS AVE
P.O. BOX 188
FORT PIERCE FL 34954 34982

1700 SOUTH 23RD STREET FPMH
P.O. BOX 188 PO Box 12998
FORT PIERCE FL 34954 34979



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

07/27/1963

5. FEI Number

59-0651084

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)

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
CD	KING, BASIL L.	1013 N. 12TH STREET	FT PIERCE FL 34950
STD	JOHNSTON, FRED	334 S.E. NARANJA AVENUE	PORT ST. LUCIE FL 34952
VD	CAMBRON, C.R.	2240 SOUTH 10TH STREET 715 LAGDON Road	FT PIERCE FL Vero Beach FL 32960
D	ABERNETHY, BRUCE	5807 S. INDIAN RIVER DR	FT PIERCE FL 34982
D	GATES, PHILIP C., SR	2323 S. INDIAN RIVER DR	FT PIERCE FL 34982

8. Name and Address of Current Registered Agent

FEE, FRANK H III ESQ.
401-A S. INDIAN RIVER DRIVE
FT PIERCE FL 33450

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000003509168-7

-12/20/00--01078--015

***4201 State ***420.00

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 9/14/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/00 561-489-3040
Date Daytime Phone #

CR2E040 (8/97)