OF DEAD ALL MOTEUCTIONS DEFORE COMPLETING THE

| <u> </u>  |                                      | PLEASE REAL | ALL INST | HUCT  | IONS BEFOR   | E COMPLE   | ETING THIS FORM.  |        |  |
|---|--------------------------------------|-------------|----------|---|--|------------|---|--------|--|
|   | ORPORA<br>NSTATE                     |             | S        | ecretar   | TMENT OF STATE TO STATE OF STATE TO STATE OF STA | Έ          | FILED  05 JUL -5 AM 10: 59  Secrit Park Of State  |        |  |
| DOCUMENT # 709578  1. Corporation Name  Glades General Hospital Auxiliary, Inc.   |                                      |             |          |   |  |            | TALLAHASSEE,  |        |  |
| 2. Principal Office Address 1200 South Main St.  Suite, Apt. #, etc.  3. Mailing 955 N Suite, Apt. #  |                                      |             |          |   | ss St.   | — REI      | 200031585142<br>03/31/0401085002 **367.50<br>REINSTATEMENT 99-05  |        |  |
| City & State Belle Glade, FL Belle  |                                      |             |          | : Glade, FL                                       |  | 5. FEI Num | Date Incorporated or Qualified     To Do Business in Florida 9/13/1965      FEI Number Applied For                    |        |  |
|   |                                      |             |          | O Country USA                                     |  | 6.         | 59-2811993 Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |        |  |
| Joan Baughman  Street Address (P.O. Box Number is Not Acceptable)  955 N.W. 4th Street  Suite, Apt. #, Etc.  City Belle Glade,  State FL  Signature of legistered Agent  Date  Date |                                      |             |          |   |  |            |   |        |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                      |             |          |   |  |            |   |        |  |
| Titles  | Name of<br>Officers and/or Directors |             |          | Street Address of Each<br>Officer and/or Director |  |            | City / State / Zip  |        |  |
| PD  | Katherine Huff-Stickler              |             |          | 506 N.E. 1st St                                   |  |            | Belle Glade, FL   | 33430  |  |
| VD1   | Margaret Tipton                      |             |          | 316 N.W. Ave F, Apt# 3                            |  |            | Belle Glade, FL   | 33430  |  |
| VD2   | Dorothy Whidden                      |             |          | 537 S.E. 2nd St                                   |  |            | Belle Glade, FL   | 33430  |  |
| STD   | Joan Baughman                        |             |          | 955 N.W. 4th St                                   |  |            | Belle Glade, FL   | 33430  |  |
| D   | Layde Franke                         |             |          | 140 S.E. 5th St. No.                              |  |            | Belle Glade, FL   | 33430  |  |
|   |                                      |             |          |   |  |            | 8   | 100/10 |  |

CR2E081 (01/04)

10. I certify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 owned 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 that and accurate, and my signature shall have the same legal officer as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MARGOF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #

## Glades General Hospital Auxiliary, Inc. 955 N.W. 4<sup>th</sup> Street Belle Glade, FL 33430

June 29, 2005

Katherine Harris Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Harris:

Enclosed please find the Corporation Reinstatement Report for Glades General Hospital Auxiliary, Inc. Also enclosed please find copies of the previous correspondences with your office. Due to a change in the mailing address and changes in retired officers or the death of officers, the Uniform Business Reports were not received for the following years 1999, 2000, 2001, 2002, 2003 2004 and 2005. Per your request, I am enclosing an original signed reinstatement form along with a check for the current year of \$61.25. Please wave the penalty due to non receipt of the Uniform Business Reports.

Your assistance to this matter is greatly appreciated.

Sincerely,

Joan Baughman Secretary/Treasury

an Baughma

JB/jpl