

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 730729

1. Corporation Name

COLUMBIA PARK MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

Mailing Address

818 S. MAIN LANE
ORLANDO FL 32801

818 S. MAIN LANE
ORLANDO FL 32801

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1974

5. FEI Number

51-0172205

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
PD	AIKEN, RENEE HANSHAW, REBA	818 MAIN LANE	ORLANDO FL
TD	JOHNSON, FERN E GERENT, LILLIAN C.	600 SHANNON RD. 12 Coledge ST.	ORLANDO FL 32806 WINTER GARDEN, FL
VPD	HANSHAW, REBA JOHNSON, FERN (2)	818 MAIN LANE	ORLANDO FL
VPD	ROBINSON, DORIS (1)	818 MAIN LN	ORLANDO FL
SD	HILL, DOROTHEA (CSD) RHINER, VIVIAN	818 MAIN LANE	ORLANDO FL
ATD	WARDLE, AL Kersh, Carol	818 MAIN LANE	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, FERN E
600 SHANNON ROAD
ORLANDO FL 32806

Name

GERENT, LILLIAN

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

12 COLEDGE STREET

Suite, Apt. #, Etc.

City

WINTER GARDEN

State
FL

Zip Code
34787

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

Lillian Gerent
REGISTERED AGENT MUST SIGN

Date 11-23-98

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:

Lillian Gerent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/98 (407)895-5344

CR2E040 (9/98)