

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -9 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 739150

1. Corporation Name

Brandon Hospital Auxiliary, Inc.

REINSTATEMENT 99.03

2. Principal Office Address

119 Oakfield Drive

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

900022514799

08/22/03--01043--003 \*\*481.25

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-1745948

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

Debra McKell, Hospital Liaison

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

119 Oakfield Drive

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

REGISTERED AGENT MUST SIGN

Date

9/2/03

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.	Alveda Dietrich	3731 Murray Dr.	Valrico, FL 33594
V.	Oneda Kansman	1939 Amberwood Dr.	Riverview, FL 33569
V.	Deloris Davis	1971 Amberwood Dr.	Riverview, FL 33569
T.	Lee Novak	1334 Big Pine Drive	Valrico, FL 33594
T.	Peg Goodman	515 E. Brentridge Dr.	Brandon, FL 33511
S.	Doris Heavner	208 Lake Parsons Dr. #403	Brandon, FL 33511

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:

ALVEDA C. DIETRICH 8/18/03 681-5351  
41 3587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)