Fax Audit No. H06000239593 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 28 PM 2:31
TALLAHASSEE, FLORIDA

DOCUMENT # 741688

1. Corporation Name

WOMEN'S HOSPITAL FOUNDATION, INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
501 East Kennedy Blvd.	501 East Kennedy Blvd.
Suite, Apt. #, etc.: Suite 1700	Suite, Apt. #, etc.: Suite 1700
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country: US	Zip: 33602 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/22/1978

5. FEI Number: 59-1824421 ☐ 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: E. Jackson Boggs

Street Address (P.O. Box Number is Not Acceptable): 501 East Kennedy Blvd.

Suite, Apt. #, Etc.: Suite 1700

City: Tampa State: FL Zip Code: 33602

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: E. Jackson Boggs Date: 9/28/06
REGISTERED AGENT MUST SIGN

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
PTD	Mezrah, Jack	2708 Azeele	Tampa, FL 33609
SD	Boggs, E. Jackson	501 E. Kennedy Blvd. #1700	Tampa, FL 33602
D	Horowitz, Mitchell I.	501 E. Kennedy Blvd. #1700	Tampa, FL 33602

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 contained in Chapter 119, 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: E. Jackson Boggs E. Jackson Boggs 9/28/06 813-228-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FOWLER, WHITE 2
Account Number : I19990000148
Phone : (813)228-7411
Fax Number : (813)228-9401

CORPORATION REINSTATEMENT

WOMEN'S HOSPITAL FOUNDATION, INC.

Certificate of Status	1
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