

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 10 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767541

1. Corporation Name

St. Francis Medical and Health Care Foundation, Inc.

2. Principal Office Address

138 N.E. 111th Street

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33161

Country

USA

3. Mailing Office Address

19329 US Highway 19 N.

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater, FL

Zip

33764

Country

USA

REINSTATEMENT

98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/14/83

5. FEI Number

59-2301543

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

Joanne Lighter

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

19329 US Highway 19 N.

Suite, Apt. #, Etc.

Suite 100

City

Clearwater

State

FL

Zip Code

33764

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358.75 150358.75

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

Joanne Lighter

REGISTERED AGENT MUST SIGN

Date 1-31-2000

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/D	Sr. Margaret Mary Kimmins, OSF	115 E. Main Street	Allegany, N.Y. 14706
C/D	Sr. Marlene Weidenborner, OSF	115 E. Main Street	Allegany, N.Y. 14706
D	Sr. Odette E. Haddad, OSF	3939 Shoreside Circle	Tampa, FL 33624
D	Sr. Lucy Cardet, OSF	138 N.E. 111th Street	Miami Shores, FL 33161
D	Sr. Maureen Clare Hall, OSF	152 Constant Spring Road	Kingston 8, Jamaica, W. Indies
S	Sr. Dolores A. O'Brien, OSF	115 E. Main Street	Allegany, N.Y. 14706

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:

Margaret Mary Kimmins, OSF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000

Date

(716) 373-0200

Daytime Phone #

Sr. Margaret Mary Kimmins, OSF, President