

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 NOV 21 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N00000008302**

1. Corporation Name  
**HOMESTEAD HOSPITAL INDIGENT CARE FOUNDATION, INC**

Principal Place of Business	Mailing Address
160 N.W. 13 STREET HOMESTEAD FL 33030	160 N.W. 13 STREET HOMESTEAD FL 33030

REINSTATEMENT 02

300009140903  
11/21/02--01015--005 \*\*236.25

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

4. Date Incorporated or Qualified To Do Business in Florida	12/13/2000
5. FEI Number	APPLIED FOR
	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BEARD, WENDELL	16903 S.W. 79TH PLACE	MIAMI FL 33157
D	GARZA, MARIA	28300 S.W. 152ND STREET	MIAMI FL 33033
TD	CARPENTER, WILLIE	10965 S.W. 175 STREET	MIAMI FL 33157
SD	HANSON, CARL	23 DILLY TREE PARK	KEY LARGO FL 33037
D	CADMAN, GEORGE	9768 S.W. 106 TERRACE	MIAMI FL 33176
D	SOULE, PAUL	9471 S.W. 97TH STREET	MIAMI FL 33176

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SAXON, KYLE R 169 E. FLAGLER STREET SUITE 1700 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11/18/02  
REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* **SIGNATURE REQUIRED** PAUL SOULE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/15/02 305-598-6535  
Daytime Phone #

CR2E040 (8/02)