

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # N01000005274

1. Corporation Name

FHCA QUALITY CREDENTIALING FOUNDATION, INC.

Principal Place of Business

307 W. PARK AVE
TALLAHASSEE FL 32301

Mailing Address

307 W. PARK AVE
TALLAHASSEE FL 32301

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

07/24/2001

5. FEI Number

59-1229583

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	John Overton	1501 N. Orange Ave	Sarasota FL 34236
Gen Sec	William Phelan	307 W Park Ave	Tallahassee FL 32301
Sec	David Sgrester	411 N. Dillard St	Winter Garden, FL 34787
			200008578782 10/24/02--01105--003 *\$61.25

8. Name and Address of Current Registered Agent

GOLDSMITH, KAREN L
2180 PARK AVE NORTH STE 100
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

224-3907

Daytime Phone #

CR2E040 (802)

**Florida
Health Care
Association**



Mail To: P.O. Box 1459, Tallahassee, Florida 32302-1459
Telephone: 850/224-3907 • Fax 850/681-2075

Pg 2 of 2

October 22, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # N01000005274
FHCA Quality Credentialing Foundation, Inc.

Upon receipt of the Administrative Dissolution or Revocation, it came to our attention we had not received the original document to be filed before May 1, 2002.

To that effect we are submitting the original fee of \$61.25

If there are any questions or concerns about our filing please contact Judith Drackett, Financial Services Manager, at 850-224-3907.

Thank you,

William Phelan
Executive Director

Enclosure