

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N02000007216**

**1. Corporation Name**

Northwood Healthcare Foundation, Inc.

2800 Broadway  
129 Newbridge Road

**2. Principal Office Address**

2800 Broadway

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

**3. Mailing Office Address**

129 Newbridge Road

Suite, Apt. #, etc.

City & State

Hicksville, NY

Zip

11801

Country

USA

**REINSTATEMENT 2004**

**4. Date Incorporated or Qualified  
To Do Business in Florida 09/20/2002**

**5. FEI Number**  
04-3713203

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

Guy Rabideau

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

400 Royal Palm Way

Suite, Apt. #, Etc.

Suite 410

City

Palm Beach

State

FL

Zip Code

33480

**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

Date 11/19/2004

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
D	Peter M. Fischer	129 Newbridge Road	Hicksville, NY 11801
D	Courtlandt Snow	3800 Broadway	West Palm Beach, FL 33407
D	Harold Wilson, IV	3135 Kingswood Terrace	Boca Raton, FL

700042954437  
11/23/04--01022--010 \*\*245.00

**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:**

PETER FISCHER

11/16/04

561.655.6221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)