

FOR
REINSTATEMENTSecretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N02000007216**

1. Corporation Name

NORTHWOOD HEALTHCARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

5600 NORTH FLAGLER DRIVE
~~UNIT 504~~
WEST PALM BEACH FL 334075600 NORTH FLAGLER DRIVE
~~UNIT 504~~
WEST PALM BEACH FL 33407

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.

UNIT 1208

Suite, Apt. #, etc.

UNIT 1208

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FISCHER, PETER M	129 NEWBRIDGE ROAD	HICKSVILLE NY 11801
D	SNOW, CORTLANDT	5600 NORTH FLAGLER DRIVE UNIT 504 1208	WEST PALM BEACH FL 33407
D	WILSON, HAROLD IV	3135 KINGSWOOD TERRACE	BOCA RATON FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNOW, CORTLANDT
5600 NORTH FLAGLER DRIVE
~~UNIT 504~~
WEST PALM BEACH FL 33407

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

REGISTERED AGENT MUST SIGN

Date: 10/30/03

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

03 NOV 24 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-13-03 01051 003 \$ 70.00

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

REINSTATEMENT

October 30th, 2003

Florida Department of State,
Division of Corporations,
P.O. Box 6327,
Tallahassee, Florida 32314

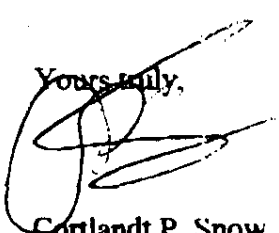
On advice from your office I am writing to advise you that we remain the registered agents for the following Florida companies which need to be brought current through filing of the Annual Reports. To date we have not received prior advice from your office of the status reports except a Notice of Dissolution concerning Northwood Healthcare Foundation, Inc., probably due to our recent move and which prompted my call, and most recently the Request for Reinstatement forms.

The companies are: Northwood Healthcare LLC
Northwood Healthcare Foundation, Inc. (a non-profit entity)
Palm Beach Corporate Investments LLC
Carecorp LLC

I enclose a money order in the amount of \$208.75 being the amount requested by your office (\$50.00 per entity plus \$8.75 for a certificate of status for Northwood Healthcare Foundation, Inc.) along with the requests for reinstatement.

Trusting that this meets with your satisfaction, I remain,

Yours truly,



Cortlandt P. Snow
Registered Agent

5600 North Flagler Drive, Suite 1208, West Palm Beach, Florida 33407