

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000004599

1. Corporation Name

South Lake Hospital Centre for Women's Health Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

1900 Don Wickham Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1900 Don Wickham Drive

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

7. Name and Address of Current Registered Agent

Name

Leslie Longacre

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

1900 Don Wickham Drive

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

REGISTERED AGENT MUST SIGN

Date

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	Leslie Longacre	1900 Don Wickham Drive	Clermont, FL 34711
V	John Moore	1900 Don Wickham Drive	Clermont, FL 34711
S/T	Lance Sewell	1900 Don Wickham Drive	Clermont, FL 34711

10. E-mail Address: lance.sewell@orlandohealth.com

(To be used for future annual report notification)

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. I further certify 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

Date

Daytime Phone #

FILED

10 AUG 18 AM 11:12

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

200183900782
08/02/10--01051--006 **\$420.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/2004

5. FEI Number

59-3322533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200183900782
08/16/10--01004--020 **\$61.25

7-22-10

352-394-4071

8/18/10