PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE FOR DIVISION OF CORPORATIONS REINSTATEMENT DOCUMENT # N 31099 98 SEP - 4 PM 2: 1.0 1. Corporation Name SECRETANY OF STATE TALLAHASSEE, FLORIDA FLORIDA HEALTH CARE FOUNDATION, INC. Mailing Address Principal Place of Business 502 E. NEW HAVEN AVENUE MELBOURNE, FL 32901 If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified
To Do Business in Florida MARCH 9, 1989 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 1811 RIVERVIEW DRIVE 1811 RIVERVIEW DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2942477 Not Applicable MELBOURNE, FL MELBOURNE, FL \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED K USA 3<u>2901-47**7**5</u> 32901-4775 USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) JOAN H. BICKERSTAFF 1811 RIVERVIEW DRIVE D/S/T MELBOURNE, FL 32901-4775 D/V WILLIAM H. WALDEN, JR. 1811 RIVERVIEW DRIVE MELBOURNE, FL 32901-4775 JULIANA HIRSCH 1811 RIVERVIEW DRIVE D/P MELBOURNE, FL 32901-4775 REINSTATEMENT 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent JOAN H. BICKERSTAFF WALDEN, JOHN Street Address (P.O. Box Number is Not Acceptable) 1811 RIVERVIEW DRIVE 502 E. NEW HAVEN AVENUE Suite, Apt. #, Etc. MELBOURNE, FL 32901 State Zip Code MELBOURNE, FL FL \$2901-4775 10. I, being appointed the regimered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent ACENT MUST SIGN 11. If this corporation is a non-profit with I.R.S. 501(c)(8) tax exempt status, check this box x additional information.) Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes I No LX on intangible tax.) do hereby certify that he information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND