

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # N 31099

FLORIDA HEALTH CARE FOUNDATION, INC.

Principal Place of Business

502 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida **MARCH 9, 1989**

Applied For

Not Applicable

Zip	Country
32901-4775	USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D/S/T	JOAN H. BICKERSTAFF	1811 RIVERVIEW DRIVE	MELBOURNE, FL 32901-4775
D/V	WILLIAM H. WALDEN, JR.	1811 RIVERVIEW DRIVE	MELBOURNE, FL 32901-4775
D/P	JULIANA HIRSCH	1811 RIVERVIEW DRIVE	MELBOURNE, FL 32901-4775

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9. Name and Address of New Registered Agent

Name			JOAN H. BICKERSTAFF		
Street Address (P.O. Box Number is Not Acceptable)			1811 RIVERVIEW DRIVE		
Suite, Apt. #, Etc.					
City			State	Zip Code	
MELBOURNE, FL			FL	32901-4775	

Date 7/2/78

12 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/98 407-254-8877
Date Daytime Phone #

CR2E040 (6.94)