

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY -2 PM 2:45

DOCUMENT # N35171

1. Corporation Name

St. John's County Medical Society
Auxiliary Foundation, Inc.

REINSTATEMENT

CR2E081 (1/07)

94-07

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

400 Health Park Blvd.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32086

Country

St. Johns

3. Mailing Office Address

409 Night Hawk Lane

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32080

Country

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1989

5. FEI Number

592948850

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

Catherine C. Hund

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

409 Night Hawk Lane

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Catherine C. Hund

Date 4/25/07

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
P	Stella Brown	7436 AIA South	St. Augustine/FL/32080
S	Ann Olds	251 South Matanzas Blvd	St. Augustine/FL/32080
T	Catherine Hund	409 Night Hawk Lane	St. Augustine/FL/32080

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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 contained in Chapter 119, 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:

Catherine C. Hund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

904-461-3303

Daytime Phone #