

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 14 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43301

1. Corporation Name

Princeton Hospital, INC

Principal Place of Business

Mailing Address

1800 MERCY DR.

ORLANDO, FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 09

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

58-1952646

Not Applicable

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VIC CHAIRMAN DIRECTOR	BEN OLSON	4533 HULLHARD TR. S.	ELAGAN MN 55122
D	Joe Collins	404 Broad Street	Elizabethton, TN 37643
D	Bill Demetree	3348 Edgewater Drive	Orlando, FL 32804

8. Name and Address of Current Registered Agent

C.T. Corporation System
1200 S. Pine Island Rd.
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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.

Signature of
Registered Agent

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Deborah D.

as its agent

Deborah D. Skipper

as its agent

Date 12/14/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(i), 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:

Ben Olson

BEN OLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200003063473-1
200003063473-1
12/16/99 651-654-3356

Date

Daytime Phone #

CR2E081 (12/98)



ACCOUNT NO. : 072100000032

REFERENCE : 514874 4728874

AUTHORIZATION :

COST LIMIT : \$ 758.75

Patricia Pigot

ORDER DATE : December 14, 1999

ORDER TIME : 10:49 AM

ORDER NO. : 514874-005

CUSTOMER NO: 4728874

CUSTOMER: Susan Mckee, Legal Assistant
Stichter Riedel Blain &
Suite 200
110 East Madison Street
Tampa, FL 33602-4700

DOMESTIC FILINGS

NAME: PRINCETON HOSPITAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
99 DEC 14 PM 12:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA