PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N45050

1. Corporation Name

HARDEE MEMORIAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

P.O. DRAWER 1729 WAUCHULA FL 33873 P.O. DRAWER 1729 WAUCHULA FL 33873



FILED

02 OCT 28 PM 3: 49

SECRETARY OF STATE TALLAHASSEE. FLORIDA



REINSTATEMENT 20

Zip Country	If above a	addresses are incorrect in any way, line	through incorrect	information and e	nter correction below.	- 445-40 44		400 + 4	س.	
City & State Country Country	, 11			iling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/09/1991				
City & State Country Street Address of Each Officer and/or Directors Country Street Address of Cach Officer and/or Directors Country Street Address of Cach Officer and/or Directors Country Street Address of Cach City / State / Zip City / State / Zip Not Applica Country Street Address of Cach Country Street Address of New Registered Agent Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, Etc. City State Zip Code FL State Zip Code	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 EEI Number					
Country Zip Country Certificate of Status Desired State St	City & State City			& State		1 00-0291100				pplied For lot Applicable
Name and Address of Current Registered Agent Street Address of Each Officer and/or Director A City / State / Zip	Zip	Country	Country		NA /5 Additional Socropuiro					
TERRELL, DEWEY M STRENSTROM ROAD SHUMARD, DENISE STD SMITH, SUSAN C DAMSBU RPAD B. Name and Address of Current Registered Agent TERRELL, DEWEY M 4 City / State / Zip WAUCHULA FL WAUCHULA FL WAUCHULA FL TO DO DISE 20147 10/28/0201057011 **245, 00 Name TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL State Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Elc. City State Zip Code FL Title Code	7. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit cor	rporations must list at I	east 3 directors)				
D SHUMARD, DENISE 500 KELLY COURT WAUCHULA FL STD SMITH, SUSAN C DAMSBU RPAD WAUCHULA FL 7C0008620147 10/28/0201067011 ***245,00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 Street Address (P.O. Box Number is Not Acceptable)	Title(s) and/or Directors			Officer and/or Director						
STD SMITH, SUSAN C DAMSBU RPAD WAUCHULA FL 70003620147 10/28/0201067011 **245,00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 State Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	PCD	TERRELL, DEWEY M	STRENSTROM ROAD			WAUCHULA FL				
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	D	SHUMARD, DENISE	500 KELLY COURT			WAUCHULA FL				
8. Name and Address of Current Registered Agent TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 Suite, Apt. #, Etc. City State FL State Zip Code	STD	SMITH, SUSAN C		DAMSBU RPAD			WAUCHULA FL			
TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 Suite, Apt. #, Etc. City State Zip Code FL						7 <u>C</u> 10/28.	000862 0201067((O1)	 47 **245,	00
TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 Suite, Apt. #, Etc. City State Zip Code FL										
TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873 Suite, Apt. #, Etc. City State Zip Code FL	8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
WAUCHULA FL 33873 Suite, Apt. #, Etc. City State Zip Code FL	TERRE	ELL, DEWEY M						•		
City State Zip Code FL	406 N	6TH AVENUE					er is Not Acceptable)			
	WAUC	CHULA FL 33873			Suite, Apt. #, E	tc.		•		
					City				Zip Code	
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. or 617.0505, F.S.	10. I, being	appointed the registered agent of the al	pove named corpo	oration, am familia	ar with and accept the	obligations of Secti	on 607.0505, F.S. or 6	17.0505,	F.S.	

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 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:

Signature of

Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Daytime Phone #

Date 10-24-02