

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # **N48395**

1. Corporation Name

PARKWAY REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

160 N.W. 170TH STREET
NORTH MIAMI BEACH FL 33169
US

Mailing Address

160 N.W. 170TH STREET
NORTH MIAMI BEACH FL 33169
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1992

5. FEI Number

65-0343326

Applied For

Not Applicable

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 3	City / State / Zip 4
D/Pres	MADEO, GILLY MALTER, ANNE	160 N.W. 170TH STREET	NORTH MIAMI BEACH FL
D/Secy	SHACHET, JEWEL LABELL, BETH G.	160 N.W. 170TH STREET	NORTH MIAMI BEACH FL
D/TREA	FRIEND, HELEN FRANK, SHIRLEY A.	160 N.W. 170TH STREET	NORTH MIAMI BEACH FL

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11/04/02--01085--009 **236.25

8. Name and Address of Current Registered Agent

GT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Shirley A. Frank

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

160 N.W. 170th Street

Suite, Apt. #, Etc.

City

No. Miami Beach

State

FL

Zip Code

33169

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.

Signature of
Registered Agent

Shirley A. Frank
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/02

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:

Shirley A. Frank
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02

CR2040 (8/02)