

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 FEB 11 PM 4:48

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *N 96000003077*

1. Corporation Name
OAKwood Healthcare Foundation, Inc.

000004926770--1
-02/14/02--01068--010
*****236.25 *****236.25

2. Principal Office Address
201 S. 5th St.

Suite, Apt. #, etc.

City & State
Colwich KS

Zip
67030

Country
Sedgewick

3. Mailing Office Address
7513 Yardley Way

Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33647

Country
Hillsborough

REINSTATEMENT *B* *01-02*

4. Date Incorporated or Qualified
To Do Business in Florida *6/10/96*

5. FEI Number
59-3382698

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
Peter F. Taylor

Street Address (P.O. Box Number is Not Acceptable)
7513 Yardley Way

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33647

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*****61.25 *****61.25

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date *11/15/02*

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
TRD	Edward A. Hutyra	7513 Yardley Way	Tampa FL 33647
USD	Peter F. Taylor	7513 Yardley Way	Tampa FL 33647
VP	Hazel, Berick	7513 Yardley Way	Tampa FL 33647

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 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:

Edward A. Hutyra President *Edward A. Hutyra* *11/7/02* *813-390-2512*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)