

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 31 PM 2:05


STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

100087356301  
02/05/07--01010--007 \*\*490.00

**REINSTATEMENT** 00-07

CR2E081 (8/05)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000003614

1. Corporation Name  
The Kids Health Care Foundation, Inc

2. Principal Office Address  
1105 E. Kennedy Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 5135  
Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip Country  
33602 USA

Zip Country  
33675-9986 USA

4. Date Incorporated or Qualified To Do Business in Florida  
6/19/1998

5. FEI Number  
59-3517416

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  
Douglas A. Holt

Street Address (P.O. Box Number is Not Acceptable)  
1105 E. Kennedy Blvd

Suite, Apt. #, Etc.

City  
Tampa

State  
FL

Zip Code  
33602

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 Douglas A. Holt Date 1-19-07

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
D	Douglas A. Holt, M.D.	1105 E. Kennedy Blvd	Tampa, FL 33602
D	Michael D. Aubin	2001 W. MLK Blvd	Tampa, FL 33607
D	Mary Ellen Gillette	12213 N. Armenia Ave	Tampa, FL 33612
D	Peter A. Gorski	1002 E. Palm Ave.	Tampa, FL 33605
D	Trevor G. Smith	4234 Fairway Cir	Tampa, FL 33624
D	Steve Freedman	18907 Avenue Biarritz	Lutz, FL 33558

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: Douglas A. Holt Date 1-19-07 Daytime Phone # 813-307-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Charlie Crist  
Governor

Joseph J. Chiaro, M.D., FAAP  
Interim Secretary

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January 19, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

The Kids Health Care Foundation, INC. Document # N98000003614 is requesting a waiver for Corporation Reinstatement Fees. Notices to file annual report were not received. As per our conversation you are in possession of a returned renewal notification card and have confirmed we are eligible for this waiver. Attached is the Corporation Reinstatement Application as well as payment of \$490.00 for annual report fees from 2000-2007

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas A. Hoff". The signature is written in a cursive style with a long horizontal line extending to the right.

Douglas A. Hoff, M.D.  
Director, Hillsborough County Department of Health