

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 31 PM 2:05

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003614

1. Corporation Name

The Kids Health Care Foundation, Inc

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

**REINSTATEMENT** 00-07

CR2E081 (8/05)

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

Zip

33602

Country

USA

City & State

Tampa, FL

Zip

33675-9986 USA

Country

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

REGISTERED AGENT MUST SIGN

Date 1-19-07

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

Date

813-307-8008

Daytime Phone #



Charlie Crist  
Governor

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

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. Holt", followed by a long horizontal line extending to the right.

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