

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 3:21

DOCUMENT # N99000001259

1. Corporation Name

PEDIATRIC BEREAVEMENT TEAM

(JACKSON MEMORIAL HOSPITAL)

2. Principal Office Address

1611 NW 12th AVE

Suite, Apt. #, etc.

HOLTZ CENTER 6005

City & State

MIAMI, FL 33136

Zip

33136

Country

USA

3. Mailing Office Address

1611 NW 12th AVE

Suite, Apt. #, etc.

HOLTZ CENTER 6005

City & State

MIAMI, FL 33136

Zip

33136

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0914187

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

SANDRA MORECROFT

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

4650 SW 70th Terrace

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Sandra Morecroft

Date 11-19-01

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/T	CHANTAL LEPAGE	1350 NE 191st Apt 202 N. Miami Beach	N. Miami Beach FL 33179
D/M	JACKIE WINCHESTER	20320 NW 85 Street Pembroke Pines, FL 33029	Pembroke Pines, FL 33029
D/S	CARRIE FEINROTH	8450 NW 3rd STREET	Pembroke Pines FL 33024
D/C	SANDRA MORECROFT	4650 SW 70 th Terrace	DAVIE FL 33314

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:

Sandra Morecroft

SANDRA MORECROFT

11-19-01

305-585-5430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #