

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 DEC 16 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P94000067087**

1 Corporation Name  
**WINEGARD MEDICAL CENTER, INC.**

Principal Place of Business Mailing Address  
~~6500 WINEGARD ROAD~~ ~~ORLANDO FL 32806~~  
~~6500 WINEGARD ROAD~~ ~~ORLANDO FL 32806~~



REINSTATEMENT *96as*

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

2. New Principal Office Address, If Applicable <b>3850 Curry Ford Rd</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>3850 Curry Ford Rd</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>09/13/1994</b>	
City & State <b>Orlando Florida</b>		City & State <b>Orlando Fl. 32806</b>		5. FEI Number <b>59-3267312</b> Applied For Not Applicable	
Zip <b>32806</b>	Country	Zip <b>32806</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HERNANDEZ, MIRIAM 100%	<del>6500 WINEGARD RD</del> 3850 CURRY FORD RD	ORLANDO FL
<del>***</del>	<del>HERNANDEZ, MIRIAM</del>	<del>6500 WINEGARD RD</del>	<del>ORLANDO FL</del>

600002031606--7  
-12/17/96--01156--003  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent <b>HERNANDEZ, MIRIAM 6500 WINEGARD RD. ORLANDO FL 32809</b>		9. Name and Address of Now Registered Agent Name <b>Hernandez, Miriam</b> Street Address (P.O. Box Number is Not Acceptable) <b>3850 Curry Ford Rd</b> Suite, Apt. #, Etc. City <b>Orlando</b> State <b>FL</b> Zip Code <b>32806</b>	
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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.  
Signature of Registered Agent *Miriam Hernandez* **REGISTERED AGENT MUST SIGN** Date **12/04/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Miriam Hernandez* **REGISTERED AGENT MUST SIGN** Date **12/04/96** Daytime Phone # **407-894-5054**

CRE0040 (7/96)