



REINSTATEMENT

1. Entity ID Number: 1716166	2. The name of the entity is: The Children's Hospital Corporation
3. Date of Revocation: 9/16/2024	4. Reason for Revocation: Annual Report
5. Entity Type: Non-Profit Corporation	
6. The reinstatement requirements are: <input checked="" type="checkbox"/> Annual Reports (# of reports) 1 (report filing fee) \$ 20.00 Total Fees \$ 20.00 <input checked="" type="checkbox"/> Penalty fees (# of years) 1 (penalty fee) \$ 25.00 Total Fees \$ 25.00 <input type="checkbox"/> Replacement filing fee \$ <input type="checkbox"/> LOGS (Tax Good Standing) <input type="checkbox"/> Legislative Act/Court Order <input type="checkbox"/> Change of Agent Form (filing fee) \$ <input type="checkbox"/> Change of Registered Office Form - NO FEE <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Amendment (name change required)	
7. Accompanied by _____	

FILED
OCT 17 2024
BY 10937
AA - 12:28pm