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FILED
04 JUN -2 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729663

1. Corporation Name

THE NATIONAL KIDNEY FOUNDATION OF SOUTHWEST FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
245 NORTH TAMIAMI TRAIL	245 NORTH TAMIAMI TRAIL
Suite, Apt. #, etc. SUITE C-2	Suite, Apt. #, etc. SUITE C-2
City & State VENICE, FL	City & State VENICE, FL
Zip 34285 Country US	Zip 34285 Country US

REINSTATEMENT 91-54 TL

4. Date Incorporated or Qualified To Do Business in Florida 05/14/1974

5. FEI Number 59-1572460 ☐ 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: NATALIE SCHIFF

Street Address (P.O. Box Number is Not Acceptable): 5645 GOLF POINTE

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 33952

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: NATALIE SCHIFF Natalie Schiff Date: 5/31/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	SCHIFF, NATALIE	5645 GOLF POINTE	SARASOTA, FL 34243
TD	FEINSMITH, PAUL L.	1730 NORTH 55TH AVENUE	HOLLYWOOD, FL 33021
SD	BARNETT, CATHY	5320 DELANO CT.	CAPE CORAL, FL 33904

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: Natalie Schiff NATALIE SCHIFF, PRESIDENT 5/31/04 941-746-2497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941)366-4800
Fax Number : (941)366-5109

CORPORATION REINSTATEMENT

THE NATIONAL KIDNEY FOUNDATION OF SOUTHWEST FLORIDA,

Certificate of Status	1
Certified Copy	0
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