

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 717689 (4)

1. Corporation Name

AMERICAN KIDNEY FOUNDATION, INC.

Principal Place of Business

Mailing Address

412 Venetian Dr.
Clearwater, FL
34615

SAME

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

2. New Principal Office Address, If Applicable

412 Venetian Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Clearwater

City & State

Zip 34615

Country P.R.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/69

5. FEI Number

23-7049615

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

96-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
STD	ARCHER, JOHN	412 Venetian, Clwr	CLWR, FL 34615
TD	SWEET, DONALD	1071 LIVEOAK AVENUE	ST PETE., FL
D	ESTEVA, HENRY	3637 4th ST. N.	St Pete, FL
UD	LOWNOS, RALPH	410 VENETIAN DR	CLWR, FL 34615
			800002149948--0 -04/22/97--01003--004 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

John Archer
412 Venetian Dr.
Clwr, FL 34615

9. Name and Address of New Registered Agent

Name SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 3-17-97

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.

John Archer

3/24/97 813-420-3158