

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725708

1. Corporation Name

KIDNEY ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

205 JFK DR.
SUITE B
ATLANTIS FL 33462
US

205 JFK DR.
SUITE B
ATLANTIS FL 33462
US

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

2. New Principal Office Address, if Applicable

321 Northlake Blvd #

Suite, Apt. #, etc.

#105

City & State

North Palm Bch, FL

Zip

33408

Country

3. New Mailing Office Address, if Applicable

321 Northlake Blvd

Suite, Apt. #, etc.

#105

City & State

North Palm Bch FL

Zip

33408

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1973

5. FEI Number

59-1702580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	ROMANS, NINA	462 CORAL COVE DRIVE	JUNO BEACH FL
D	MCDEAVITT, DAVID R.	414 W. LANTANA RD.	LANTANA FL
X D	CAREY, BRENDA ICSW	5600 POINSETTIA AVE 2607	WEST PALM BEACH FL 33407
D	BROWN, WILLIE LEE	815-21ST ST.	WEST PALM BEACH FL
V	HUSHING, SUMNER K.	1618 TWELVE OAKS WAY	NORTH PALM BEACH FL
S	SIEGEL, ADELE	40 ST. THOMAS DRIVE	PALM BEACH GARDENS FL

8. Name and Address of Current Registered Agent

HOSIER, JEVNE H

205 JFK DR.

SUITE B

ATLANTIS FL 33462

9. Name and Address of New Registered Agent

Name

John Malone

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

321 Northlake Blvd

Suite, Apt. #, Etc.

105

City

North Palm Bch

State

FL

Zip Code

33408

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

11/1/01

11. 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:

Brenda Carey Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/01

Daytime Phone #

561 101 8442770

11/1/01

561 101 8442770

Date

Daytime Phone #

561 101 8442770

11/1/01

561 101 8442770

Date

Daytime Phone #

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