

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV -7 AM 10:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Handwritten signature*

**REINSTATEMENT**

CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 749334**

1. Corporation Name  
 The Kidney Foundation of South Florida, Inc.

2. Principal Office Address - No P.O. Box # 2561 Coral Way Suite, Apt. #, etc.		3. Mailing Office Address 8000 Health Park Blvd. #300 Suite, Apt. #, etc. Attn: Marve Ann Alaimo, Esq	
City & State Miami, Florida		City & State Bonita Springs, Florida	
Zip 33415	Country US	Zip 34135	Country US

4. Date Incorporated or Qualified To Do Business in Florida 16/16/1979.

5. FEI Number 691998522	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Addition of Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name  
CLASP, INC.

Street Address (P.O. Box Number is Not Acceptable)  
3001 Tamiami Trail North  
Suite, Apt. #, Etc.  
Suite 400

City Naples,	State FL	Zip Code 34103
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date 11/7/2008

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Howard Lucas	2121 Ponce de Leon Blvd.	Coral Gables, FL 33134
S	Marve Ann Alaimo	8000 Health Park Blvd., #300	Bonita Springs, FL 34135

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 contained in Chapter 118, 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: *[Signature]* Marve Ann Alaimo 11/7/2008 239.649.3186

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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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6384

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Account Name : CUMMINGS & LOCKWOOD  
Account Number : 102336001100  
Phone : (239) 649-3186  
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**CORPORATION REINSTATEMENT**

**THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$358.75