PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 26 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000002774

1 Corporation Name

Renal Management Applications, Inc.

Principal Place of Business	Mailing Address
600 South Cherry Street Suite 800 Denver, CO 80222	600 South Cherry Street Suite 800 Denver, CO 80222

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

MWB 12/26/96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
600 South Cherry Street	600 South Cherry Street
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Denver, CO	City & State Denver, CO
Zip: 80222 Country: Arapahoe	Zip: 80222 Country: Arapahoe

4 Date Incorporated or Qualified To Do Business in Florida: May 26, 1994

5. FEI Number: 84-1246155 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $52.50 (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)

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
President	Jerry Simonsen	600 South Cherry Street, Suite 900	Denver, CO 80222
Vice President	Dan Smith	600 South Cherry Street, Suite 900	Denver, CO 80222
Secretary/ Treasurer	Dan Smith	600 South Cherry Street, Suite 900	Denver, CO 80222

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent
CT Corporation System	1200 South Pine Island Road Plantation, FL 33324	Name: N/A Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

CHECKED (12/95)

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: X Marcia J. Sunahara Date: 12/24/96

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the reviver 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., and that all fees owed by the corporation have been paid. 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: Daniel J. Smith Daniel Smith 12/23/96 303-388-9703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #