

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F910000004000

1. Corporation Name

Vivra, Inc.

Principal Place of Business

Mailing Address

1850 Gateway Drive, Suite 500
 San Mateo, CA 94404

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

State, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8-9-96

5. FEI Number

94-3230119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **SP**

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres Dir	Kent Thiry	1850 Gateway Drive #500	San Mateo, CA 94404
CFO	LeAnne Zumwalt	1850 Gateway Drive #500	San Mateo, CA 94404
Secty	Charles Ott	1850 Gateway Drive #500	San Mateo, CA 94404
Treas	Gary Christian	1850 Gateway Drive #500	San Mateo, CA 94404
Asst. Secty	Cindy Hicks	103 N. Meridian	Tallahassee, FL 32301
Dir	Kelly DeKeyser	1850 Gateway Drive #500	San Mateo, CA 94404
Dir	Doug Williams	1850 Gateway Drive #500	San Mateo, CA 94404

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
NRAI Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 526 E. Park Avenue
 Suite, Apt. #, Etc.

City
 Tallahassee

State
FL

Zip Code
 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

 CHARLES BACLET, V.P. REGISTERED AGENT MUST SIGN

Date Sept. 30, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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(1)(f), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CINDY HICKS, Asst. Secty. Sept. 30, 1999

Date Daytime Phone #

FILED
 99 OCT -1 PH 3:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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REINSTATEMENT *99*

SP

CORPORATION 11/20/99