

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 27 PM 12:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *J 86529*

1 Corporation Name

DIALYSIS PRODUCTS INC.

Principal Place of Business

Mailing Address

1815 EAST COMMERCIAL BLVD. #106
FORT LAUDERDALE, FL 33308

1815 EAST COMEMRCIAL
FORT LAUDERDALE, FL 33308

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

REINSTATEMENT *9600*

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

08/11/1987

Suite, Apt #, etc

Suite, Apt #, etc.

5 FEI Number

65-0003694

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$675 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	CASARETTO, ALBERTO	616 ISLE OF PALMS DR.	FORT LAUDERDALE, FL
V/P/S	MOSS, STEVEN H.	1815 EAST COMMERCIAL BLVD. #106	FORT LAUDERDALE, FL 33308

700002042267--4
-12/31/96--01061--014
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOSS, STEVEN H. M.D.
1815 EAST COMMERCIAL BLVD. #106
FORT LAUDERDALE, FL 33308

Name

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

[Signature]

STEVEN MOSS

REGISTERED AGENT MUST SIGN

Date 12/14/96

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)(k), Florida Statutes. I release 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 or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 607.01, 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:

[Signature]

STEVEN MOSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/96

Date

771-9540

Daytime Phone #

CR2ED-40 (12/95)