

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 02000035104

1. Limited Liability Company's Name

PERITONEAL DIALYSIS SUPPLY, LLC

2. Principal Office Address

463 GRANT STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State Dunedin

DUNEDIN, FL

City & State

Zip

34698

Country

PINELLAS

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/30/2002

6. FEI Number

54-2088490

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JUNE A. CLARK

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

463 GRANT STREET

Suite, Apt. #, Etc.

City

DUNEDIN Dunedin

State

FL

Zip Code

34698

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

June A. Clark

REGISTERED AGENT MUST SIGN

Date

11/10/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	KHALED RABADI	1101B SOUTH COLUMBIA ROAD	GRAND FORKS, ND 58201
MBR	DANA A. CAMPBELL	19275 ALTA VISTA CIRCLE	BROOKFIELD, WI 53045
MBR	LEE LUCKENBILL	6044 NORTH BERKELEY	MILWAUKEE, WI 53217
MBR	JUNE A. CLARK	463 GRANT STREET	DUNEDIN, FL 34698

REINSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Lee Luckenbill

Date

11/07/03

Daytime Phone #

414 807-2602

Typed or printed name of signing Managing Member/Manager

Lee Luckenbill