

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

02 APR -4 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N-00000007000

1. Corporation Name  
NORTH AMERICA DIALYSIS FOUNDATION  
CENTER, INC.  
(NON-PROFIT ORGANIZATION)

2. Principal Office Address  
1055 WEST 29th ST

Suite, Apt. #, etc.  
SUITE # 1 (2nd FLOOR)

City & State  
HIALEAH, FLORIDA

Zip  
33012

Country  
U.S.A.

3. Mailing Office Address  
1055 WEST 29th STREET

Suite, Apt. #, etc.  
SUITE #1 (2nd FLOOR)

City & State  
HIALEAH, FLORIDA

Zip  
33012

Country  
U.S.A.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida  
10/20/2000

5. FEI Number  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee Requested for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JACKSON-BLOCK & ASSOCIATES  
C/O. PEDRO C. DONATES

Street Address (P.O. Box Number is Not Acceptable)  
1055 WEST 29th street SUITE # 1 (2nd. FLOOR)

Suite, Apt. #, Etc.

City HIALEAH, State FL Zip Code 33012

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]* JACKSON - BLOCK & ASSOCIATES  
Personal & Corporate Income Tax Date 03/18/2002  
Hialeah, Florida  
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	VEJBE-JARAMILLO, FRANCISCO	1055 WEST 29th ST SUITE No. 1.	HIALEAH, FL 33012
VP/D	OSORIO, SORAYA U.	1055 WEST 29th STREET SUITE No. 1	HIALEAH, FL 33012
S/D	OSORIO, DAVID R.	1055 WEST 29th STREET SUITE No. 1	HIALEAH, FL 33012
T/D	OSORIO, DIANA S.	1055 WEST 29th STREET SUITE No. 1	HIALEAH, FL 33012

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 taxes 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(3)(b), 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]* MAR 18 2002 (305)-728-2160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Charter Number Only

4-3-02

Jackson - Block

Requestor's Name

1055 W 29th St #1

Address

Hialeah, FL 33012

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

North America Dialysis Foundation  
Center, Inc.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

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DIVISION OF CORPORATION