FROM : LUSKY & MOTOLA P.A. PHONE NO. : 305 446 1205

FILED
Oct 19, 2001 8:00 A.M
Secretary of State

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000026555

1. Corporation Name

NATIONAL BLOOD CENTER, INC.

01

Principal Place of Business	Mailing Address
855 N.W. 3RD ST., SUITE 200 MIAMI FL 33128	855 N.W. 3RD ST., SUITE 200 MIAMI FL 33128

If above addresses are incorrect in any way, fill in the new information and order correction below.

REINSTATEMENT

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/14/2000
City & State	City & State	5. FEI Number — Applied For / Not Applicable
Zip / Country	Zip / Country	6. CERTIFICATE OF STATUS DESIRED ☐

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 3	City / State / Zip 4
PD	GUTIERREZ, EDUARDO	855 N.W. 3RD ST., SUITE 200	MIAMI FL 33128
VD	MALLICK, MOZAMMAL	855 N.W. 3RD ST., SUITE 200	MIAMI FL 33128
VD	BALASUBRAMANIAN, NECHUR S	855 N.W. 3RD ST., SUITE 200	MIAMI FL 33128

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LUSKY & MOTOLA, P.A. 901 ALHAMBRA AVENUE, SUITE 646 CORAL GABLES FL 33134	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] Pres — REGISTERED AGENT MUST SIGN Lusky & Motola   Date 10-19-2001

11. 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(3)(i), 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: X [signature] 10/19/01 (305) 547-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : LUSKY & MOTOLA, ESQ.
Account Number : 110331002052
Phone : (305)446-1245
Fax Number : (305)446-1205

CORPORATION REINSTATEMENT

NATIONAL BLOOD CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00