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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED 96 DEC 16 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

DOCUMENT # P94000068745

1. Name and Mailing Address of Corporation:

BEACH DIALYSIS, INC.
4302 Alton Road
Suite 610
Miami Beach, Florida 33140

2. If Mail Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 19559 Northeast 10th Avenue
City and State: N. Miami Beach, FL Zip Code: 33179

3. If Principle Office Address is different from mailing address, enter address below:

Address:
City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 09/15/94

5. FEI Number: 65-0529041

FEI Number Applied For
FEI Number Not Applicable

6. $8.75 Additional Fee required for a Certificate of Status.
CERTIFICATE OF STATUS DESIRED ☑

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	Allan I. Jacob, M.D.	19559 Northeast 10th Avenue	N. Miami Beach, FL 33179
S/T	Abraham Bichachi, M.D.	4302 Alton Road, Suite 610	Miami Beach, Florida 33140

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****575.00 ****575.00
12/17/96

REINSTATEMENT 95-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Marc Birnbaum, P.A.
20801 Biscayne Boulevard
Suite 400
Miami Beach, Florida 33180

9. If changed, new registered agent / office:

Name:
Street Address (Do NOT Use P.O. Box Number):
Street Address (Do NOT Use P.O. Box Number):
City: State: FL Zip:

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., 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 of Officer or Director: _____ Date: _____ Daytime Phone #: _____

Typed or printed name of signing officer or director: _____

CR2E040 (8/92)