PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1997 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 OCT 14 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011452

1. Corporation Name

Renex Dialysis Homecare of Tampa, Inc.

REINSTATEMENT 1997

Mailing Address / Principal Place of Business

2100 Ponce de Leon Boulevard
Suite 950
Coral Gables, Florida 33134

000002320539--7
-10/15/97--01036--005
****758.75 ****758.75

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable		3. New Principal Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: February 8, 1995

5. FEI Number: 65-0422087 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

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	James P. Shea	2100 Ponce de Leon Blvd. Suite 950	Coral Gables, FL 33134
VP	Orestes L. Lugo	2100 Ponce de Leon Blvd. Suite 950	Coral Gables, FL 33134
VP	Mignon Early	2100 Ponce de Leon Blvd. Suite 950	Coral Gables, FL 33134
S	Bryan W. Bauman, Esq.	2222 Ponce de Leon Blvd. 6th Floor	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

Bryan W. Bauman, Esq.

9. Name and Address of New Registered Agent

Name: Bryan W. Bauman, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2222 Ponce de Leon Blvd., 6th Floor
Suite, Apt. #, Etc.:
City: Coral Gables | State: FL | Zip Code: 33134

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] Date: 10/13/97
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 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 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: James P. Shea — October 13, 1997 — (305) 448-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #