

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

01 JUL -6 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027207

1. Corporation Name

Bay Breeze Dialysis Clinic Inc.

2. Principal Office Address

11465 Ulmerton Rd

3. Mailing Office Address

- same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33778

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

3/23/98

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

1999-2001 UBR

7. Name and Address of Current Registered Agent

Name

James Schwartz

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

235 No. Garden Ave.

Suite, Apt. #, Etc.

City

Clearwater

000004462160--5

-07/06/01--01052--001

\*\*\*\*450.00 \*\*\*\*50.00

State  
FL

Zip Code

33755

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Steve Schwartz	11465 Ulmerton Ave	Largo, FL 33778
V.P	Robert Neuwirth	" " "	" " "
Sec	James Schwartz	235 No. Garden Ave	Clearwater, FL 33755

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Schwartz

Date

7/5/01

Daytime Phone #

727-441-3334

CR2E081 (2/00)

**JAMES SCHWARTZ**  
ATTORNEY AT LAW  
235 NORTH GARDEN AVE.  
CLEARWATER, FL 33755

TELEPHONE: (727) 441-3334

FAX: (727) 5842665

July 5, 2001

Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Bay Breeze Dialysis Clinic, Inc.

Dear Sirs:

Bay Breeze Dialysis did not receive notice for 1999 annual report. We are requesting that you waive the late fees.

Enclosed is \$450.00 to cover costs for reinstatement.

Very truly yours,

  
James Schwartz