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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 AM 9:23

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000013473

1. Corporation Name

FLORIDA NEPHROLOGY RESEARCH INSTITUTE, INC.

2. Principal Office Address

4705 N. Armenia Avenue

Suite, Apt. #, etc.

Ste. A

City & State

Tampa, FL

Zip

33603

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/99

5. FEI Number

59-3556539

Applied For

Not Applicable

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

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

Polly A. Bittle

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

4705 N. Armenia Avenue

Suite, Apt. #, Etc.

Ste. A

City

Tampa

State

FL

Zip Code

33603

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

Date 10/5/01

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
PD	Ramirez, M.D., German	4705 N. Armenia Avenue Ste. A	Tampa, FL 33603
S	Bittle, Polly A.	4705 N. Armenia Avenue Ste. A	Tampa, FL 33603
D	Harvey, D.O., Sean	4705 N. Armenia Avenue Ste. A	Tampa, FL 33603

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 118.07(3)(f), 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

Polly A. Bittle, Secretary

10/5/01 813/353-8775

Date

Daytime Phone #

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 205-0384

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155

Phone : (813) 253-2020

Fax Number : (813) 251-6711

CORPORATION REINSTATEMENT**FLORIDA NEPHROLOGY RESEARCH INSTITUTE, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75