

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
ANIMAS DIABETES CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

JAN 04 2016

R. HUNT


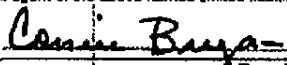
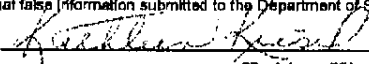
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M13000006900			
1. Limited Liability Company's Name Animas Diabetes Care, LLC			
2. Principal Office Address - No P.O. Box # 965 Chesterbrook Blvd Suite, Apt. #, etc.		3. Mailing Office Address 965 Chesterbrook Blvd Suite, Apt. #, etc.	
City & State Wayne, Pennsylvania		City & State Wayne, Pennsylvania	
Zip 19087	Country USA	Zip 19087	Country USA
4. State/Country of Formation Delaware - USA		5. Date Organized or Qualified To Do Business In Florida 1999	
6. FEI Number 23-301-6770		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 2075 Centre Pointe Blvd			
Suite, Apt. #, Etc. Suite 101			
City Plantation		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 01/04/2016	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
President	John Wilson	2267 Staffordshire Road	Furlong, PA 18925
Secretary	Lisa Roberts	77 Seventh Ave Apt 10V	New York, NY 10011
Treasurer	James Bushmeier	7 Terrell Drive	Washington Crossing, PA 18977
REINSTATEMENT			
JAN 04 2016 R. HUNT			
11. E-mail Address: _____			
<small>(To be used for future annual report notifications)</small>			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.			
Signature of Authorized Representative/Manager 		Date January 4, 2016	Daytime Phone # 484 356 1546
Typed or printed name of signing Authorized Representative/Manager Kathleen Kiesel			