

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 12 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010757

1. Corporation Name

FUNDACION DIABETES AL DIA, INC

2. Principal Office Address - No P.O. Box #

6030 NW 99 AVE

3. Mailing Office Address

6030 NW 99 AVE

Suite, Apt. #, etc.

UNIT 414

Suite, Apt. #, etc.

UNIT 414

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2006

5. FEI Number
20-5649905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YANELLE M. BARINAS

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

5701 NW 36 ST

Suite, Apt. #, Etc.

City

VIRGINIA GARDENS

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11/06/2009

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
D	JOSE LUIS CARDOZO	17255 SW 95 AVE #140	MIAMI, FL 33157
D	JOSE C ROMERO	4765 SW 40 ST	OCALA, FL 34474
D	ROMULO NEGRON	2720 SW 129 AVE	MIAMI, FL 33175
D	ANGEL URDANETA	11318 NW 44 TERR	DORAL, FL 33178
D	YANELLE M. BARINAS	5701 NW 36 ST	VIRGINIA GARDENS, FL 33166
D	DR. ARIEL SISMAN	6030 NW 99TH AVE UNIT 414	DORAL, FL 33178

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 contained in Chapter 119, 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:

YANELLE M BARINAS, DIR

11/06/2009

877-538-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #