PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 AUG 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # F15000004141

600317833366

CR2E081 (11/10)

1. Corporation Name
Roche Diabetes Care, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9115 Hague Road	9115 Hague Road
Suite, Apt. #, etc.: Building B	Suite, Apt. #, etc.: Building B
City & State: Indianapolis	City & State: Indianapolis
Zip: 46256 Country: United States	Zip: 46250 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 9/18/2015

5. FEI Number: 47-1534558 ☐ 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: CT Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd
Suite, Apt. #, Etc.: #250
City: Plantation State: FL Zip Code: 33324

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: C T Corporation System By: Kristin Bolden Assistant Secretary Date: 8/30/18
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
P	Brad Moore	9115 Hague Rd.	Indianapolis, IN 46250
SV	Marcel Gmuender	9115 Hague Rd.	Indianapolis, IN 46250
V	Greg Smith	9115 Hague Rd.	Indianapolis, IN 46250
S	Edwin Sonnenschein	9115 Hague Rd.	Indianapolis, IN 46250
AS	Nancy Tinsley	9115 Hague Rd.	Indianapolis, IN 46250
T	Nic Scher	9115 Hague Rd.	Indianapolis, IN 46250

10. E-mail Address: Nandita.Guha@roche.com
(To be used for future annual report notification)

11. 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. I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Nancy M Tinsley 8/29/2018 317-220-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 8/30/2018

Acc#I20160000072

Name:	ROCHE DIABETES CARE, INC.
Document #:	F15000004141
Order #:	11135517

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☑		
	Plain: ☐		
	COGS: ☐		

Availability _____

Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 1058.75

Thank you!

FILED
AUG 30 AM 11:17