PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2018 MAY 16 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000016954

CR2E041 (1/14)

1. Limited Liability Company's Name
DOCTOR DIABETIC SUPPLY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
800 Concar Drive	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: San Mateo, CA	City & State
Zip: 94402 / Country: USA	Zip / Country

4. State/Country of Formation: Flordia

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 06/08/2001 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name: STEVEN KING

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3660 ENTERPRISE WAY

Apt. #, Etc.:

City: MIRAMAR | State: FL | Zip Code: 33025

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: 5/15/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Ryan Craig	800 Concar Drive, Suite 100	San Mateo, CA 94402

REINSTATEMENT

MAY 16 2018
R. HUNT

11. E-mail Address: finance@bcap.com
(To be used for future annual report notifications)

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 5/8/2018 Daytime Phone # 650-358-5000

Typed or printed name of signing authorized representative/member: Ryan Craig

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 210126 7797159

AUTHORIZATION :

COST LIMIT : $ 655.00

ORDER DATE : May 16, 2018

ORDER TIME : 1:17 PM

ORDER NO. : 210126-005

CUSTOMER NO: 7797159

DOMESTIC FILINGS

NAME: DOCTOR DIABETIC SUPPLY, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - Ext# 62925

MAY 16 2018

EXAMINER'S INITIALS R. HUNT