

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 16 AM 6:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **105000009315**

1. Corporation Name

Christiandiabetics.org, inc.

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

933 Clint Moore Rd

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33487

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

F

Zip

Country

100129677651
05/16/08--01024--006 ***367.50

REINSTATEMENT
06/08

4. Date incorporated or Qualified
To Do Business in Florida

11/05

5. FEI Number

113759523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Porush

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

933 Clint Moore Rd

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

[Signature]

Date

5/13/08

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
Pres.	Daniel Porush	933 Clint Moore Rd	Boca Raton, FL 33487

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/13/08

Daytime Phone #

561 998 5616