

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000115			
1. Corporation Name DIABETIC FOUNDATION OF AMERICA INC.			
2. Principal Office Address 35 GRAND BAY CIRCLE		3. Mailing Office Address 35 GRAND BAY CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JUNO BEACH, FL		City & State JUNO BEACH, FL	
Zip 33408	Country U.S.A.	Zip 33408	Country U.S.A.

APPROVAL
AND
FILED
02 OCT -2 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

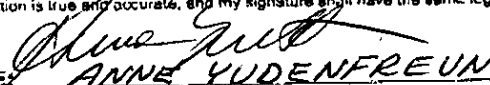
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4. Date Incorporated or Qualified To Do Business in Florida DEC. 11, 1995	
5. FEI Number 65-0645623	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ANNE YUDENFREUND		
Street Address (P.O. Box Number is Not Acceptable) 35 GRAND BAY CIRCLE		
Suite, Apt. #, Etc.		
City JUNO BEACH	State FL	Zip Code 33408

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 09.17.2002

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	PRES.	ANNE YUDENFREUND	35 GRAND BAY CIRCLE JUNO BEACH, FL 33408 Director
D	DIR.	DON PEPIN	6875 CYPRESS COVE CIR. JUPITER, FL 33458 Director
D	DIR.	JEANINE KEENAN	1216 U.S. HWY 1, STE E N. PALM BEACH, FL 33408 Director
			33408 ↑

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 under section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 09/17-02
	Daytime Phone # 561-627-1929