PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 OCT -2 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N96000000115.

1. Corporation Name

DIABETIC FOUNDATION OF AMERICA INC.

2. Principal Office Address	3. Mailing Office Address
35 GRAND BAY CIRCLE	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.

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
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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

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)(i), 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: _____ ANNE YUDENFREUND 09/17/02 561-627-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #