

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
01-02482
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 Jan-9 PM 4:00

DOCUMENT # P00000090342

1. Corporation Name

For Diabetics Only Inc

800004785458--5

-01/22/02--01013--018
****150.00 ****150.00

800004785458--5

-01/22/02--01013--018
****150.00 ****150.00

2. Principal Office Address

367 NE 167th

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 610622

Suite, Apt. #, etc.

City & State

N. Miami Beach

City & State

N. Miami

Zip

33162

Country

USA

Zip

33261

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/2000

5. FEI Number

65-087-6417

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

ADDY LaFord

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

12002 NE 8th Ave

Suite, Apt. #, Etc.

City

Biscayne Park

State

FL

Zip Code

33161

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

REGISTERED AGENT MUST SIGN

Date *12/26/01*

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
CEO	<i>ADDY LaFord</i>	<i>12002 NE 8th Ave</i>	<i>Biscayne Park FL 33161</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/01
Date

305-655-2400
Daytime Phone #

CR2081 (9/00)

Dec 3, 2001

To:
Ms KATHERINE HARRIS
SECRETARY of STATE
Division of Corporations.

Ms Harris. My name is ADDY HOFER. I am
the founder and C.E.O. of For Diabetics Only Inc.
I started this entity in Sept 2000. I started this entity to help
people with Diabetes because I have Diabetes and
I know how to help people with Diabetes by
lecturing and ~~consulting~~ ^{with instructions}. I
did hire a company called "Tools for Change"
to help with the legalities. I did not know
and did not receive any further information
from them since then. I wish to apologize
for my ignorance and want to reinstate
For Diabetics Only Inc. From now on everything
will be up to date because I wish to open
a store selling products for people with Diabetes.
As soon as For Diabetics Only Inc. is reinstated
I will open a bank account dedicated for that
purpose.

P.S. Enclosure is attached.