

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

000000090342
45672-1

1. Corporation Name

FOR DIABETICS ONLY INC.

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

1228 Euclid Ave

Suite, Apt. #, etc.

11

City & State

Miami Beach

Zip

33139

Country

3. Mailing Office Address

P.O. Box 610622

Suite, Apt. #, etc.

City & State

N. Miami FL

Zip

33261

Country

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/2000
10/3/2000

5. FEI Number

650876417

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 LAFOND

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

1228 Euclid Ave

Suite, Apt. #, Etc.

11

City

Miami

State

FL

Zip Code

33139

☐ 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]

REGISTERED AGENT MUST SIGN

Date 3/26-07

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
Dir	ADDY LAFOND	1228 Euclid Ave #11	Miami Beach FL 33139
Officer	ADDY LAFOND	1228 Euclid Ave #11	Miami Beach FL 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDY LAFOND

3/26/07

Date

786-344-5388

Daytime Phone #