

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:30

DOCUMENT # P01000100879

1. Corporation Name

First Choice Diabetic Supplies, Inc.

2. Principal Office Address

100 Seabreeze Blvd.

Suite, Apt. #, etc.

Suite 126

City & State

Daytona Beach FL

Zip

32118

Country

U.S.

3. Mailing Office Address

226 N. Nova Rd.

Suite, Apt. #, etc.

PMB # 317

City & State

Ormond Beach FL

Zip

32174

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

04.14.2001

5. FEI Number

86-1052231

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

Thomas Moore

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

100 Seabreeze Blvd

Suite, Apt. #, Etc.

126

City

Daytona Beach FLA

900018451568

05/07/03--01054--007 **08.75

State

FL

Zip Code

32118

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

4.21.03

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	Thomas Moore	100 Seabreeze Blvd	Daytona FLA. 32118

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.21.03

Daytime Phone #

386.323.6118

CR2001 (10/02)