PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2016 - 2018

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR 30 AM 7:23

DOCUMENT # P02000070352

1. Corporation Name

AM-MED DIABETIC SUPPLIES, INC.

500311360425
03/30/18--01024--002 **300.00 ✓

CR2E051 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17146 Avenue Le Rivage	5180 W Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Ste 105
City & State	City & State
Boca Raton FL	Delray Beach FL
Zip: 33496 Country: US	Zip: 33484 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/2002

5. FEI Number: 04-3697616 ☐ 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: Felisha Toledo

Street Address (P.O. Box Number is Not Acceptable): 5180 W Atlantic Ave

Suite, Apt. #, Etc.: Ste 105

City: Delray Beach | State: FL | Zip Code: 33484

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: Toledo Date: 3/26/2018

REGISTERED AGENT MUST SIGN

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
Pres	David Soblick	17146 Avenue Le Rivage	Boca Raton FL 33496

10. **E-mail Address:** dsoblick@beyondmedicalusa.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 3/26/2018 561-441-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON