

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 17 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # RB3000149523

1. Corporation Name

Diabetic DME Mailers Inc

2. Principal Office Address

6530 Griffin Rd Ste #101

Suite, Apt. #, etc.

101

City & State

Davie FL

Zip

33314

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

04-05

4. Date incorporated or Qualified  
To Do Business in Florida

12/8/03

5. FEI Number

☒ 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

Krystle Livingston

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

4791 SW 82 Avenue

Suite, Apt. #, Etc.

30

City

Davie

State

FL

Zip Code

33328

600061521716  
11/17/05--01048--006 \*\*301.00

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

Krystle Livingston  
REGISTERED AGENT MUST SIGN

Date

11/14/05

**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
<u>Manager</u>	<u>Krystle Livingston</u>	<u>4791 SW 82 Ave #30</u>	<u>Davie FL 33328</u>
	<u>PA 11/18</u>		

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 807.0401 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:

Krystle Livingston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/05  
Date

954 2682-9861  
Daytime Phone #

Diabetic DME Mailers Inc.  
6530 Griffin Rd Suite101  
Davie FL 33314  
(954)518-0966

DOCUMENT# P03000149523

To whom it may concern,

I Krystle Livingston an officer of Diabetic DME Mailers,  
certify that I have never received any reinstatement  
notification. We do believe it is do to the fact the  
incorrect address was listed, whoever it was not until  
~~my accountant told me of the situation that I was told of~~  
this problem. Inclosed is check #1087 for the reinstatement.

REgaurds,

PLease contact me with any questions.