

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000032345

1. Corporation Name

ATLANTIC DIABETIC SUPPLY, INC.

2. Principal Office Address

1090 NW 53<sup>RD</sup> ST.

Suite, Apt. #, etc.

1090

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 8, 1998

5. FEI Number

65-0829817

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

JOHN COBEY

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

1090 NW 53<sup>RD</sup> ST.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

John Cobey

Date 12-4-01

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
President	JOHN COBEY	4826 NW 53 <sup>RD</sup> Circle	Coconut Creek, FL 33073
VP.	BRYON ROSTANZO	1010 CONGRESSIONAL WAY	DEERBURN Bch. FL 33442
			300004706543
			TO

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)(f), 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:

John Cobey President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/01 (954) 772-5222

Date

Daytime Phone #

CR2501 (8/00)

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**ATLANTIC DIABETIC SUPPLY**  
**1090 NW 53RD STREET**  
**FT. LAUDERDALE, FL 33309**  
**PH ( 954 ) 772-5222 FAX (954) 958-9987**

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***DECEMBER 4, 2001***

***TO WHOM IT MAY CONCERN :***  
***SECRETARY OF STATE***

***OUR CORPORATION WAS RECENTLY DISSOLVED,  
WE NEVER RECEIVED THE UNIFORM BUSINESS  
REPORT SO, THEREFORE I DOWNLOADED THE  
REPORT OFF THE INTERNET AND FILLED IT  
OUT. I APPRECIATE YOUR QUICK ATTENTION TO  
THIS MATTER AS IT IS VERY IMPORTANT THAT  
WE ARE REINSTATED A.S.A.P. THANK YOU ,***

***SINCERELY***  
***BRYON ROSTANZO***



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ACCOUNT NO. : 072100000032  
REFERENCE : 578531 7294264  
AUTHORIZATION : *Patricia Pizuto*  
COST LIMIT : \$ 158.75

ORDER DATE : December 5, 2001

ORDER TIME : 11:22 AM

ORDER NO. : 578531-005

CUSTOMER NO: 7294264

CUSTOMER: Mr. Bryon Rostanzo  
Atlantic Diabetic Supply  
1090 Northwest 53rd Street

Fort Lauderdale, FL 33309

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ATLANTIC DIABETIC SUPPLY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder  
EXAMINER'S INITIALS \_\_\_\_\_