

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 NOV -5 PM 6:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600024962266  
11/24/03--01026--027 \*\*1050.00

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> V03609			
<b>1. Corporation Name</b> M.K. Diabetic Support Services, Inc.			
<b>2. Principal Office Address</b> 555 Madison Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 555 Madison Avenue Suite, Apt. #, etc.	
<b>City &amp; State</b> New York, NY		<b>City &amp; State</b> New York, NY	
<b>Zip</b> 10022	<b>Country</b> USA	<b>Zip</b> 10022	<b>Country</b> USA

<b>4. Date Incorporated or Qualified</b> To Do Business in Florida 01/02/1992	
<b>5. FEI Number</b> 593098994	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Corporation Service Company	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street	
<b>Suite, Apt. #, Etc.</b> 	
<b>City</b> Tallahassee.	<b>State</b> FL
<b>Zip Code</b> 32301	

**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** Dolores Burton  
**REGISTERED AGENT MUST SIGN**

**Date** 11/4/03

**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
Pres.	Sarah L. Eames	555 Madison Avenue	New York, NY 10022
V. Pres.	Marvet Abbassi	555 Madison Avenue	New York, NY 10022
Chairman	Timothy Aitken	555 Madison Avenue	New York, NY 10022

**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:** Marvet Abbassi, Marvet Abbassi, V. Pres. 10/29/2003 212-750-0064  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E081 (10/02)

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