

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 JUL -8 AM 11:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F00000001471

1. Corporation Name

LIFEWATCH HOLDING CORPORATION

Principal Place of Business

Mailing Address

1351-A ABBOTT COURT
 BUFFALO GROVE IL 60089

1351-A ABBOTT COURT
 BUFFALO GROVE IL 60089

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

03/17/2000

5. FEI Number

52-2212112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CDAS	GEVA, YACOV	2 PEKERIS STREET, NO. 527	REHOVOT, ISRAEL 76100
VAS	LENANE, JUDITH	1351-A ABBOTT COURT	BUFFALO GROVE IL 60089
PAS	WILLIS, WILLIAM	1351-A ABBOTT COURT	BUFFALO GROVE IL 60089
ST	FOLEY, CRAIG	1351-A ABBOTT COURT	BUFFALO GROVE IL 60089
D	ROLLIE, BRUCE	333 NORTH MAIN STREET, SUITE 201	STILLWATER MN 55082
D	GAZIT,	2 PEKERIS ST., NO 527	REHOVOT, ISRAEL 76100

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600006328306-7

07/11/02-01033-002

***908.75 State ***908.75 Zip 0696

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Emilia A. Lempro, Authorized Representative
 REGISTERED AGENT MUST SIGN

Date

7/1/2002

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., 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:

Craig Foley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/23/02 849 700 2167

Daytime Phone #

CR2040 (801)