

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 DEC 23 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002269**

1. Corporation Name
WATCH OMEGA, INC.

Principal Place of Business	Mailing Address
% GENERAL ELECTRIC CAPITAL CORPORATION 292 LONG RIDGE RD. STAMFORD CT 06927	% GENERAL ELECTRIC CAPITAL CORPORATION 292 LONG RIDGE RD. STAMFORD CT 06927



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/21/1998	
City & State		City & State		5. FEI Number	
Zip		Country		06-1502045	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
G	VAN METER, KELLY	292 LONG RIDGE RD.	STAMFORD CT 06927
P	GIORDANO, RAY	292 LONG RIDGE RD.	STAMFORD CT 06927
S	ROBBE, WILLIAM	292 LONG RIDGE RD.	STAMFORD CT 06927
VP	FIAMMETTA, DONNA M	260 LONG RIDGE ROAD	STAMFORD CT 06927

200009785182
 01/02/03--01038--017 **750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date December, 2002
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **SIGNATURE REQUIRED** 203-357-4754 Date December 17, 2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

WATCH OMEGA, INC.

P/D	Robert E. Pfeiffer	292 Long Ridge Road	Stamford, CT 06927
V	Pete Palmer	16479 Dallas Pky, Ste 400	Addison, TX 75001
V	Jerry Tonn	16479 Dallas Pky, Ste 400	Addison, TX 75001
V	Joe Elsener	16479 Dallas Pky, Ste 400	Addison, TX 75001
V	Michael Hudspeth	16479 Dallas Pky, Ste 400	Addison, TX 75001
V	Bruce Wheelless	16479 Dallas Pky, Ste 400	Addison, TX 75001
T	Stewart Koenigsberg	292 Long Ridge Road	Stamford, CT 06927
S	Patricia Deluca	292 Long Ridge Road	Stamford, CT 06927
AS	Jane K. Alpert	292 Long Ridge Road	Stamford, CT 06927
AS	Marybeth Crone	292 Long Ridge Road	Stamford, CT 06927