

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 OCT -5 AM 8:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA0000010553**

1 Corporation Name

LifeWatch Services Inc.

Principal Place of Business Mailing Address

LifeWatch Services Inc.
 814 Highway A1A
 Suite 304
 Ponte Vedra Beach, Florida 32082

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

REINSTATEMENT 97-990

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida Dec. 16, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3487830	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 Titles)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Steven K. Brown	14750 Beach Blvd. # 48	Jacksonville, FL 32250
T	Steven K. Brown	14750 Beach Blvd. #48	Jacksonville, FL 32250
S	Steven K. Brown	14750 Beach Blvd. #48	Jacksonville, FL 32250
500003013675--3 -10/13/99--01047--004 ***1050.00 ***1050.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Steven K. Brown 814 Highway A1A Suite 304 Ponte Vedra Beach, Florida 32082		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 *[Signature]* Date **Sept 28, 1999**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Steven K. Brown* President 9/28/1999 (904)394-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven K. Brown, President Date Daytime Phone #

CR2E001 (12/98)