

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 12 AM 8:00

DOCUMENT # F02000005437

1. Corporation Name  
Cross reference HGH WORLDWIDE, INC.  
Health Watch, Inc.

**REINSTATEMENT** 03-04

2. Principal Office Address  
3200 North Federal HWY

3. Mailing Office Address  
3200 North Federal HWY

Suite, Apt. #, etc.  
STE 121

Suite, Apt. #, etc.  
STE 121

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip Country  
33431 USA

Zip Country  
33431 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/23/2002

5. FEI Number

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  
Rocco Coviello

Street Address (P.O. Box Number is Not Acceptable)  
3200 North Federal HWY

Suite, Apt. #, Etc.  
STE 121

City  
Boca Raton, FL

State  
FL

Zip Code  
33431

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

REGISTERED AGENT MUST SIGN

Date

**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
CP	Robert Coviello	3 Imperial Promenade, STE 420	Santa Ana, CA 92707
DST	Rocco Coviello	3200 North Federal HWY	Boca Raton, FL 33431
D	Michael Ahders	3200 North Federal HWY	Boca Raton, FL 33431

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:

*Robert J. Coviello*

Robert Coviello April 5, 2004

714-557-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)