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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000005668

1. Corporation Name
FLEXIBLE LIFELINE SYSTEMS, INC.

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14325 WEST HARDY ROAD	14325 WEST HARDY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Houston, TX	City & State: Houston, TX
Zip: 77060 Country: Harris	Zip: 77060 Country: Harris

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/2006

5. FEI Number: 760515127 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Bryan REGISTERED AGENT Assistant Secretary Date: 11/19/2009

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
CHRM	TOWNEND, RICK	18602 GLENN HAVEN ESTATES DRIVE	Houston TX 77379
P	TOWNEND, ANDREW	2006 SUFFOLK	HOUSTON TX 77027
V	ARMSTRONG, HUGH	3919 ASHLEY MANOR	SPRING TX 77389
T	ROSS, ROBERT	66 HUNTSMAN HORN	THE WOODLANDS TX 77380

JC 11/24

10. E-mail Address: patricia.parada@flexiblelifeline.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reactivated corporation as provided for in chapter 607 or 617, F.S. I further certify that upon 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, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect and made under oath.

SIGNATURE: Andrew Townsend 11/24/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Andrew Townsend, President

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Florida Department of State

Division of Corporations

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Division of Corporations
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CORPORATION REINSTATEMENT
FLEXIBLE LIFELINE SYSTEMS, INC.

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