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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000005648

1. Corporation Name
Flexible Lifeline Systems, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14325 W. Hardy Rd.	14325 W. Hardy Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Houston, TX	City & State: Houston, TX
Zip: 77060 Country: US	Zip: 77060 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/2007

5. FEI Number: 76-0515127 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes

7. Name and Address of Current Registered Agent

Name: CT 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

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: Jayna Nickell
REGISTERED AGENT SIGNATURE

Asst. Secretary

Date: 4/17/14

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Andrew Townend	14325 W. Hardy	Houston, TX 77060
Sr. VP	Hugh Armstrong	14325 W. Hardy	Houston, TX 77060
VP of Finance	James Grutkowski	14325 W. Hardy	Houston, TX 77060

REINSTATEMENT APR 17 2014
R. HUNT

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

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., and 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 as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4/16/14 832-448-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL018 - 03/27/2013 We Have Answers Online

• Division of Corporations

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
FLEXIBLE LIFELINE SYSTEMS, INC.

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APR 17 2014

R. HUNT

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