

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F80 239

1. Corporation Name

Women's Health Watch, Inc.

2. Principal Office Address

276 Allenwood Dr.

Suite, Apt. #, etc.

City & State

Lauderdale by the Sea

Zip

33308

Country

USA

3. Mailing Office Address

1735 Union Valley Rd.

Suite, Apt. #, etc.

City & State

W. Milford, NJ

Zip

07480

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/82

5. FEI Number

592175404

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

Carolyn Zaumeyer

Street Address (P.O. Box Number is Not Acceptable)

276 Allenwood Drive

Suite, Apt. #, Etc.

City

Lauderdale by the Sea

State
FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/18/06

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
Pres.	C. Zaumeyer	276 Allenwood Dr.	LBS, FL 33308

700082739587
12/22/06--01026--001 **908.75

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/06 954-224
9315

Daytime Phone #

DEC 22 2006