PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State OVIGION OF CORPORATIONS ON BEC 22 AN ID: 15 SECRETARY OF STATE NAME of STATE SECRETARY OF STATE ALLAHASSEE, FLORIBA 1. Corporation Name Women's Health Watch, Inc. 2. Principal Office Address 2. Housing Office Address 2. Housing Office Address 2. Housing Office Address 3. Main's Office Address 2. Housing Office Address 3. Main's Office Address 3. M			1	
POCUMENT # F80 2 3 9 1. Copporation Name Women's Heal Ith Watch, Inc. 2. Principal Office Address 3. Malling Office Address 2. Principal Office Address 2. Principal Office Address 3. Malling Office Address 3. Malling Office Address 4. Data Incorporated or Qualified for the BM State April Address 4. Data Incorporated or Qualified for the BM State April Address 5. FEB Number 5. Salter, April 8. 2 City & State Country 3. Application of The Watch Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507 0006 or 617 0006, F. 3. Supplication of Principal Agent of the above named corporation, am familiar with and accept the obligations of section 507 0006 or 617 0006, F. 3. Supplication of Officer and officer or office or of officer or officer of or officer or officer or officer or officer or officer or officer or of		Secretary of State		
2. Principal Office Address 2. The Attlemount of Dr. 3. Mailing Office Address 2. The Attlemount of Dr. Sulfe, Act. 8, etc. City & State Landbridgh he Sea Contry Country Country Country Country Country Country Active Country The Address of Country Country The Address of Country Country The Address of Country Country The Country Country The Country Country The Country Country The Country The Country The Country Country The Country Country The Country The Country Country The Country The Country The Country The Country Country The Country The Country The Country The Country The Country The Country	1.			
Sule, Apt. #, etc. Gity & State Landburdalufy the Sea W. Milf Good, NJ Span 15 the Home of the Application of State Landburdalufy the Sea W. Milf Good, NJ Span 15 the Home of the Application of the Applicatio	. Women's Healt	h Watch, Inc.		
City & State City & City & City City & State City & City & City & City & City City & City & City	276 Allenwood Dr.	1735 Union Valley Rd.	REINSTATEMENT	
Applied For			4. Date Incorporated or Qualified To Do Business in Florida 5 3 8 2	
33308 USA OTYGO USA T. Name and Address of Current Registered Agent Tan Marger Street Address (P.O. Box Number is Not Acceptable) 2 + 6 Atten wood Drive Suite, Apt. 8, Etc. City Lauderdale by the Sea Street Address of Each Officer and/or Director Registered Agent Registered Agent of the above named corporation, and familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent Resident Address of Each Officer and/or Director Titles Officers and/or Directors Officers and/or Directors Address of Each Officer and/or Directors Titles Officers and/or Directors Address of Each Officer and/or Directors Address of Each Officers of City / State / Zip Address of Each Officers and/or Directors Address of Each Officers of City / State / Zip Address of Each Officers of City / Zip Ad	Landerdalipy the Sea	W. Milford, NJ	592175404 Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 2 76 Allen wood Drive Suite, Apt. #, Etc. City Lauderdale by the Sea FL 33 308 8. 1, 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 Registance Agent Registered Agent Registance Agent Regista			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 276 AMenwood D. LBTS, FL 3330 8 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 filling 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 over 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 the prediction is the and accurate, and my signature shall have the same legal effect as if made under cert.	Street Address (P.O. Box Number is Not Acceptable) 276 Allenwood Drive Suite, Apt. #, Etc. City Lauderdale by the Sea FL 33308 8. 1, 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 Date 1218 06			
Officers and/or Directors Officer and/or Director The Menutor of Director LBTS, FL 3330 8 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 filling 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 over the composition 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 specification is true and eccurate, and my signature shall have the same lender differ as if made under outh.	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
12/22/06 - 01026 - 001 **908. 75 10.1 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 filling 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 profilerities is true and accurate, and my signature shall have the same legal effect as if made under oath.	Officers and/or Director	s Officer and/or Director	or City/State/Zip	
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 weed 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 profilerities is true and accurate and my signature shall have the same legal effect as if made under oath.			I "AND FRANCE COME THANK BOOK IN THANK THANK THANK IN IN THE PERSON OF T	
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 weed 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 profilerities is true and accurate and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylime Phone #	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 projection is true and accurate, and my signature shall have the same lengl effect as if made under oath.			
	SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12/18/06 954-224 Date Daytime Phone #	

A Albahat DEC O G saca