

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -7 AM 8:55

DOCUMENT # L99000007629

1. Limited Liability Company's Name

Birthwatch Products, L.L.C.

2. Principal Office Address

4044-104 West Lake Mary Blvd.

Suite, Apt. #, etc.

PMB 328

City & State

Lake Mary, Florida

Zip

32746-2012

Country

U.S.A.

3. Mailing Office Address

4044-104 West Lake Mary Blvd.

Suite, Apt. #, etc.

PMB 328

City & State

Lake Mary, Florida

Zip

32746

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida.

11/10/99

6. FEI Number

59-3607436

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William P. Weatherford, Jr.

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 105

City

Winter Park

REINSTATEMENT

State

FL

Zip Code

32789

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

FF #200

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	Jeffrey D. Handy <i>MGR</i>	4044-104 W. Lake Mary Blvd. PMB 328	Lake Mary, FL 32746-2012
M	Mark R. Campagna <i>MGR</i>	4044-104 W. Lake Mary Blvd. PMB 328	Lake Mary, FL 32746-2012

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\*\*\*\*200.00 \*\*\*\*200.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 4-25-01

Daytime Phone # 407.833.0947

Typed or printed name of signing Managing Member/Manager

Mark R. Campagna