

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004766

1. Corporation Name

WATCHING OVER YOU, INC.

Principal Place of Business

Mailing Address

2710 SANGER TERRACE
DELTONA FL 32738

2710 SANGER TERRACE
DELTONA FL 32738

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1997

5. FEI Number

59-3447946

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BLANTON, MARIE	2710 SANGER TERRACE	DELTONA FL 32738
D	SCIACCA, GLORIA	2710 SANGER TERRACE	DELTONA FL 32738
D	VLAUN, MELISSA	11730 NW 41ST STREET	SUNRISE FL 33323
			480003032834--4 -11/02/99--01081--017 ****236.25 ****236.25
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLANTON, MARIE
2710 SANGER TERRACE
DELTONA FL 32738

Name

Marie Blanton

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

2710 Sanger Terrace

Suite, Apt. #, Etc.

Deltona

City

State

Zip Code

FL

32738

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Marie Blanton

REGISTERED AGENT MUST SIGN

Date

10-19-99

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., 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 under section 119.07(3)(i), 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:

Marie Blanton Marie Blanton

Date

10-19-99 904-532-2075

Daytime Phone #