

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500008755475  
11/01/02--01038--013 \*\*750.00



DOCUMENT # **P01000023641**

1. Corporation Name

**M. THERESE O'CONNOR HOMEWATCH, INC.**

Principal Place of Business

6302 ROBINSON STREET  
JUPITER FL 33458

Mailing Address

6302 ROBINSON STREET  
JUPITER FL 33458

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/07/2001

5. FEI Number

65-1083489

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	O'CONNOR, M. THERESE	6302 ROBINSON STREET	JUPITER FL 33458

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **HARRIET L. O'CONNOR**  
Street Address (P.O. Box Number is Not Acceptable)  
**6302 ROBINSON ST.**  
Suite, Apt. #, Etc.  
City **Jupiter** State **FL** Zip Code **33458**

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. or 617.0505, F.S.

Signature of Registered Agent

*Harriet L. O'Connor*  
REGISTERED AGENT MUST SIGN

Date

12/26/02

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:

*Harriet L. O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/02

Date

561-744-3997

Daytime Phone #

CR2E040 (6/02)