## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR REINSTAT		Secre	ARTMENT OF STATE tary of State of Conporations		FILE 04 MAR 26	AM 8: 58	
DOCUMENT # P02000057255  1. Corporation Name Peepers Homewatch, Inc.				W.	SECRETARY O TALLAHASSES	•	
2. Principal Office Address 25040 Pinewater Cove Lane Suite, Apt. #, etc.  3. Mailing Office Address Same Suite, Apt. #, etc.				100030961111 03/24/0401010003 ***900.00 REINSTATEMENT 03-04			
City & State C		City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida		
,	prings, Florida	City & State		5. FEI Numbe	0448660	Applied For Not Applicable	
<sup>zip</sup> 34134	Country U.S.	Zip	Country	6.	S8.75 Addi	tional Fee required	
7. Name and Address of Current Registered Agent							
Name Carleton W. Stewart, Jr.							
Street Address (P.O. Box Number is Not Acceptable) 25040 Pinewater Cove Lane							
Suite, Apt. #, Etc.							
City Bonita Springs					State Zip Code FL 34134		
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 Data 3/17/04  REGISTERED AGENT MUST SIGN							
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		
Vice			25040 Pinewater Cove Lane		Bonita Springs, FL 34134		
President							
			•		,		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Destine Phone #							