

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

**00 OCT 31 PM 6:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P95000019838**

1. Corporation Name

**UNIVERSAL HEALTHWATCH, INC.**

Principal Place of Business

**987 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

Mailing Address

**987 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/09/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**52-1921920**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ ☐

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
DCEO	BERNSTEIN, DAVID	8990 OAKLAND CENTER, SUITE E RT.	COLUMBIA MD 21045
D	CHILDS, WILLIAM	8990 OAKLAND CENTER, SUITE E RT.	COLUMBIA MD 21045
D	CHILDS, MARY ANN	8990 OAKLAND CENTER, SUITE E RT.	COLUMBIA MD 21045
Exec. D	DePonte, Dominic A.	1716 Windsor Dr., Ste 100	Arlington, TX 76012
			900003469599--0 11/20/00 10016-018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

**TRAINOR, DIANE M  
9200 S. DADELAND BLVD.  
#700  
MIAMI FL 33156**

**REINSTATEMENT**

9. Name and Address of New Registered Agent

**Vincent D. Celentano**  
Street Address (P.O. Box Number is Not Acceptable)  
**987 Hillsboro Mile**  
Suite, Apt. #, Etc.  
City **Hillsboro Beach** State **FL** Zip Code **33062**

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

*Vincent D. Celentano*  
**REGISTERED AGENT MUST SIGN**

Date **10/27/2000**

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:**

*Dominic A. DePonte*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Dominic A. DePonte**

**10-28-2000**

Date

Daytime Phone #