

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 12 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98 0000 98004**

1. Corporation Name

ELDERWATCH, INC.

REINSTATEMENT 00-03

2. Principal Office Address **2881 NORTH PINE ISLAND ROAD**

3. Mailing Office Address **2881 NORTH PINE ISLAND ROAD**

Suite, Apt. #, etc.

BUILDING 65, STE 203

Suite, Apt. #, etc.

BUILDING 65, STE 203

City & State

SUNRISE, FL

City & State

SUNRISE FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida **11/18/98**

5. FEI Number

65-0881381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALLAN WEISS

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

2881 NORTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

BUILDING 65, SUITE 203

City

SUNRISE

State

FL

Zip Code

33322

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

March 1/03

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
PRES	ALLAN WEISS	2881 NORTH PINE ISLAND ROAD BLDG 65 SUITE 203	SUNRISE, FL 33322

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN WEISS

Date

March 1/03

Daytime Phone #

CR2E081 (10/02)