

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FILED

192

02 JAN -9 AM 8:27

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041531

1. Corporation Name

TODDLERWATCH.COM INC.

Principal Place of Business

2500 WESTON ROAD.#401
WESTON FL 33331

Mailing Address

2500 WESTON ROAD.#401
WESTON FL 33331



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

2. New Principal Office Address, If Applicable

561 SPINNAROCK

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

USA

3. New Mailing Office Address, If Applicable

561 SPINNAROCK

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1999

5. FEI Number

65-0924274

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	LANG, THOMAS J	2500 WESTON RD #401	WESTON FL 33331
D	LANG, CHRISTINE C	2500 WESTON RD #401	FORT LAUDERDALE FL 33331
			400004793814--3 -01/24/02--01024--007 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

PERRY, MARK C ESQ
2455 E SUNRISE BLVD
STE 905
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name
THOMAS J. LANG
Street Address (P.O. Box Number is Not Acceptable)
561 SPINNAROCK
Suite, Apt. #, Etc.

City
WESTON

State
FL

Zip Code
33326

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

REGISTERED AGENT MUST SIGN

Date

12/17/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/01 954-3855227

Daytime Phone #

CR2E040 (8/01)



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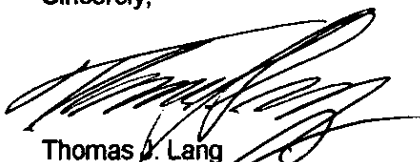
January 7, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Pursuant to my conversation with your office today, I am forwarding our filing fees for 2001 and 2002 in the amount of \$300. Apparently due to our move we never received the annual report form from your office and we were not aware that it was due. I have included the correct address on our reinstatement form and we should receive any new correspondence from your office. Thank-you for your consideration.

Sincerely,



Thomas J. Lang
Registered Agent