	PLEASE F	READ ALL INS	TRUCTION	IS BEFORE (COMPLET	ING THIS FO	ORM.		
AP	PLICATION FOR		A DEA A M Katteri, e	FOT OF STATE			•	102	
REIN	STATEMENT	担しし。	IVISION OF CO	PORATIONS		great and a		00	
	DOCUMENT # P99000041531 1. Corporation Name					02 JAN -9 AM 8: 27			
TODDLERWATCH.COM INC.					TALLAHASSEE, FEORIDA				
Principal F	Place of Business	ress		-					
2500 WESTON ROAD.#401 2500 WESTON FL 33331 WESTON F			ON ROAD.#401 L 33331						
If above	addresses are incorrect in any wa	ay, line through incorrect	information and en	ter correction below.				01-02	
561	2. New Principal Office Address, If Applicable 56 / S/IWWALLU		3. New Mailing Office Address, If App. 56 / 51 ~ w N B. Suite, Apt. #, etc.		Date Incom To Do Busi	4. Date Incorporated or Qualified To Do Business in Florida 05/07/1999			
City & Stat	City & State Ci		City & State		5. FEI Numbe	65-0924274	 	Applied For Not Applicable	
			Tip 33326 Country 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
7. Names	and Street Addresses of Each O	-	orida nonprofit com		·	1			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D	LANG, THOMAS J	AS J 2500 WESTON RD			WESTON FL 33331				
D	LANG, CHRISTINE C	2500 WESTON RD #401			FORT LAUDERDALE FL 33331				
			4			#000047938143 -01/24/0201024007 *****300.00 *****300.00			
							· ILS		
	8. Name and Address of	Current Registered Ag	nt 9		9. Name and	9. Name and Address of New Registered Agent			
PERRY, MARK C ESQ 2455 E SUNRISE BLVD STE 905				Name HOMAS Street Address (P.O. Box Number is Not Acceptable) 56/ SPONMER & C Suite, Apt. #, Etc.			Constitution of the Consti		
FORT	LAUDERDALE FL 33304		City WESTON			State Zip Cod	326		
10. I, being				171 88 - 88 - 2	bligations of Sect	tion 607.0505, F.S. Date	111/01		
this rein	y that I am an officer or director or instatement application, the reaso by the corporation have been paid application is true and accurate,	n for dissolution has beel I and the names of indivi	n eliminated, the co duals listed on this	orporate name satisfies form do not qualify for	the requirements an exemption un	of section 607.0401	or 617.0401, F.S., t	hat all fees	

SIGNATURE AND TYPED ORDERINGED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

/2/17/01 954 -3855227 Date Daytime Phone #



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January 7, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FI 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 I. Lang Registered Agent