PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

01 02 032

FILED
02 JAN -9 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

DOCUMENT # P99000041531

1. Corporation Name

TODDLERWATCH.COM INC.

Principal Place of Business	Mailing Address
2500 WESTON ROAD.#401 WESTON FL 33331	2500 WESTON ROAD.#401 WESTON FL 33331

01-02

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
561 SPANAKA	561 SPANAKA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PERRY, MARK C ESQ 2455 E SUNRISE BLVD STE 905 FORT LAUDERDALE FL 33304	Name: THOMAS J. LANG Street Address (P.O. Box Number is Not Acceptable): 561 SPANAKA Suite, Apt. #, Etc.: City: WESTON State: FL Zip Code: 33326

CR2E040 (8/01)

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 _____ Date 12/17/01
REGISTERED AGENT MUST SIGN

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: _____ 12/17/01 954-3855227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

toddlerwatch.com
progressive parenting
for the net generation™

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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

2500 weston road, suite 401 • weston, florida 33331
(954) 385-4500 • toll free (877) 863-3539 • fax (800) 924-0549