

APPROVED AND FILED P.02

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03-OCT -2 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F0000006115*

1. Corporation Name
JUDICIAL WATCH, INC.

2. Principal Office Address 501 SCHOOL STREET SW Suite, Apt. #, etc. SUITE 700 City & State WASHINGTON, DC Zip 20024		3. Mailing Office Address 501 SCHOOL STREET SW Suite, Apt. #, etc. SUITE 700 City & State WASHINGTON, DC Zip 20024	
Country USA		Country USA	

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida 10/30/2000

5. FEI Number 52-1885088 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 5375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 PETER F. SOUZA ASSISTANT SECRETARY Date 10/2/03

REGISTERED AGENT MUST SIGN

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	Thomas J. Fitton	501 School Street SW, Suite 700	Washington, DC 20024
SEC	Paul J. Orfanedes	501 School Street SW, Suite 700	Washington, DC 20024
DIR	Chris Farrell	501 School Street SW, Suite 700	Washington, DC 20024

10. I certify that I am an officer or director of 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 118.07(3)(b), 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] 9/30/02 202-6465128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

JUDICIAL WATCH, INC.

Certificate of Status	1
Certified Copy	0
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