

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 MAY 19 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212005 REIN-P CR2E098 (6/04) 04-05^W

| | | | | | |
|--|---|---------------------------------|---|--|--|
| DOCUMENT # H55131 1. Entity Name WATSON-ELLIOTT LAND COMPANY | | | | | |
| Principal Place of Business 494 SOCIETY RIDGE RD MADISON, MS 39110 US | | | Mailing Address 494 SOCIETY RIDGE RD MADISON, MS 39110 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2618428 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> PETER F. SOUZA ASSISTANT SECRETARY </div> <div style="width: 20%; text-align: right;"> 5/17/05 <small>DATE</small> </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELLIOTT, JULIAN L., JR. 601 CEDAR STREET TALLADEGA, AL 35160 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 800054851418 05/19/05--01034--003 **900.00 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS WATSON, HENRY P., JR. 494 SOCIETY RIDGE JACKSON, MS 39213 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 300054851463 05/19/05--01034--004 **8.75 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | | 27 Apr 05 601.957-8900 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

LAW OFFICE OF
JOHN B. DONGIEUX
105 NORTH COLLEGE STREET
BRANDON, MS 39042

MEMBER, MS SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE 601-825-8696
FAX 601-825-9162
EMAIL Jdongieux@bellsouth.net

May 9, 2005

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Watson-Elliott Land Company

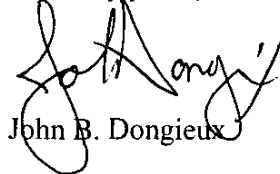
Dear Madam/Sir:

Enclosed is Document #H55131, signed by the registered agent and officer of the above referenced corporation, to be filed in your office for the purpose of reinstating this corporation. Further enclosed is a check made payable to your office in the sum of \$900, for the filing fee, along with another check in the sum of \$8.75, for a Certificate of Status.

Please process this form and send the Certificate of Status to me at the above address. Should you have any questions, please give me a call.

Thanking you in advance for your attention to this matter, I am

Sincerely yours,



John B. Dongieux

JBD/
encls

POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 1000 TALLAHASSEE, FL 32309
NO POSTAGE
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