2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAY 19 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H55131

1. Entity Name
WATSON-ELLIOTT LAND COMPANY

Principal Place of Business	Mailing Address
494 SOCIETY RIDGE RD MADISON, MS 39110 US	494 SOCIETY RIDGE RD MADISON, MS 39110 US

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2618428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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.

SIGNATURE **PETER F. SOUZA** **ASSISTANT SECRETARY** 5/17/05
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ELLIOTT, JULIAN L., JR.	
STREET ADDRESS	601 CEDAR STREET	
CITY-ST-ZIP	TALLADEGA, AL 35160	
TITLE	DPS	☐ Delete
NAME	WATSON, HENRY P., JR.	
STREET ADDRESS	494 SOCIETY RIDGE	
CITY-ST-ZIP	JACKSON, MS 39213	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	300054851418	
STREET ADDRESS	05/19/05--01034--003 **900.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	300054851463	
STREET ADDRESS	05/19/05--01034--004 **8.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [illegible] P. Watson Jr 27 Apr 05 601.856-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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