

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAY 19 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # H55131</b> 1. Entity Name <b>WATSON-ELLIOTT LAND COMPANY</b>					
Principal Place of Business <b>494 SOCIETY RIDGE RD MADISON, MS 39110 US</b>		Mailing Address <b>494 SOCIETY RIDGE RD MADISON, MS 39110 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2618428</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For <input type="checkbox"/> Not Applicable		04212005 REIN-P CR2E098 (6/04) <b>04-05</b>			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <b>PETER F. SOUZA</b> <small>Assistant Secretary</small>					
(NOTE: Registered Agent signature required when reinstating) DATE: <b>5/17/05</b>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
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	300054851418 05/19/05--01034--003 **900.00	
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	300054851463 05/19/05--01034--004 **8.75	
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 05 601.956-8900		
<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**

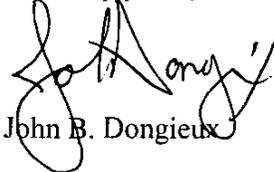
Dear Madam/Sir:

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

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