

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED  
22 OCT 17 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K41306

1. Corporation Name

Watson title Insurance, Inc.

2. Principal Office Address

1800 N.W. 49<sup>th</sup> St.

Suite, Apt. #, etc.

#120

City & State

Ft. Lauderdale, FL

Zip

33309

Country

U.S.A.

3. Mailing Office Address

1800 N.W. 49<sup>th</sup> St.

Suite, Apt. #, etc.

#120

City & State

Ft. Lauderdale, Fla.

Zip

33309

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1988

5. FEI Number

65-0223219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marshall Watson

Street Address (P.O. Box Number is Not Acceptable)

1800 N.W. 49<sup>th</sup> St

Suite, Apt. #, Etc.

#120

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date

10/15/02

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
PD	Marshall Watson	1800 N.W. 49 <sup>th</sup> St. #120	Ft. Laud, FL 33309

10. 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:

Marshall C. Watson 10/15/02 954-453-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

WATSON TITLE INSURANCE, INC.

1800 N.W. 49<sup>TH</sup> STREET

SUITE 120

FT. LAUDERDALE, FL. 33309

PHONE 954 771-5522

FAX 954 771-6052

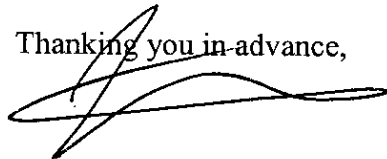
RE: Document # k41306

October 15 2002

To Whom It May Concern:

We are late paying our corporation filing fees because we never received a notice in the mail. I have noticed that the registered agent has the wrong suite number and this may be the reason. Please correct the suite number to reflect the address on our form.

Thanking you in advance,



Marshall C. Watson  
President

RECEIVED  
OCT 15 2002  
FBI - MIAMI