PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 10 AM 9: 03

DOCUMENT #

1. Limited Liability Company's Name

Watt 1 Investments, L.L.C.

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M.	CR2E041 (8/05)
4! Sta	ite/Country of Formation

41 State/Country of Formation		
5. Date Organized or Qualified To Do Business in Florida		
Applied For		
Not Applicable tional Fee require tificate of Status		
,		

Street Address (P.O. Box Number is Not Acceptable) 2500 N. Millitary Trail, Suite #465		
Suite, Apt. #, Etc.		
Boca Raton	State	33431

Signature o	9. I, being appointed the registered agent of the above registered limited lim							
10. Name	10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip					
mgrm	Richard J. Watt	2500 N. Military Tr., #465	Boca Raton FL 33431					
		31 03/33	10069161803 /0601032012 **250.00					
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11.1 certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been perf. The information indicated on this application is true and accurate, and my signature shall have the same legal effect aseif made under oath.

Signature of Managing Member/Manager

Daytime Phone # 50 750 7600

Typed or printed name of signing Managing Member/Manager Richard J. Watt