PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 OCT 18 PM 3:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000056724

1. Limited Liability Company's Name

Willie Watson LLC

924 LACOSTA CIRCLE #8
Sarasota, Florida 34237

2. Principal Office Address	3. Mailing Office Address
8466 Lockwood Ridge Rd. # 188 Sarasota, Fl 34243	
Suite, Apt. #, etc. # 188	Suite, Apt. #, etc. 188
City & State Sarasota, Fl	City & State Sarasota, Florida
Zip / Country 34243 / Sarasota	Zip / Country 34243 / Sarasota

4. State/Country of Formation: Florida Sarasota

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20 0476273 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED: ☒ $ 5.00 additional fee required for certificate of status

8. Name and Address of Current Registered Agent

Name: Willie Watson

Street Address (P.O. Box Number is Not Acceptable): 8466 Lockwood Ridge Road

200060725552
10/18/05--01076--004 **205.00

Suite, Apt. #, Etc.: 188

City: Sarasota State: FL Zip Code: 34243

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Willie Watson Date: 10/14/05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres	Willie Watson	8466 Lockwood Ridge Rd 188	Sarasota, Fl 34243
		REINSTATEMENT	2004-05

11. I 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 608.508, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Willie Watson Date: 10/14/05 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Willie Watson