LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 Jan 26 AM 10: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

)OCUMENT # L04000008043

Limited Liability Company's Name
Watson Investment, LLC

CR2E041 (1/14)

Principal Office Address - No P.O Box #		3. Mailing Office Address	
11533 Twining Lane		same	
ilte, Apt. #, etc.		Suite, Apt. #, etc	
ty & State		City & State	
Potomac, Maryland			
ip	Country	Zip	Country
0854	USA		

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/29/2004

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Kent A. Skrivan

Street Address (P.O Box Number is Not Acceptable) Suite,: 1421 Pine Ridge Road

Apt #, Etc: Suite 120

City: Naples | State: FL | Zip Code: 34109

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 2/5/16
REGISTERED AGENT MUST SIGN

1 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
gr/Mbr	Jay Weiner	11533 Twining Lane	Potomac, Maryland 20854

REINSTATEMENT
JAN 2 2016
R. HUNT

11. E-mail Address: drjayweiner@gmail.com
(To be used for future annual report notifications)

2. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further ertify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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 hall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree elony as provided for in s. 817.155, F.S.

ignature of authorized representative/member _____ Date 1/13/16 Daytime Phone # 301 641 6130

yped or printed name of signing authorized representative/member JAY WEINER