

**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

DOCUMENT # L04000008043

Limited Liability Company's Name
Watson Investment, LLC

Principal Office Address - No P.O. Box # 11533 Twining Lane		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Potomac, Maryland		City & State	
Zip 20854	Country USA	Zip	Country

CR2E041 (1/14)

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 01/29/2004
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 [Signature] Date 2/8/16
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 26 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 certify 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 shall 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 felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [Signature] Date 1/13/16 Daytime Phone # 301 641 6130
Typed or printed name of signing authorized representative/member JAY WEINER