
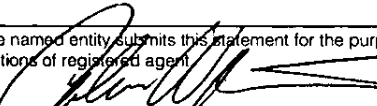
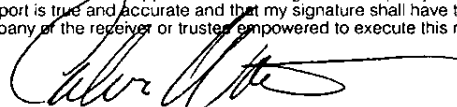


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000010561						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">07 JUL 18 AM 11:00</div>	
1. Entity Name WATSON CONSTRUCTION CO. LLC				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business C/O CALVIN WATSON 3100 PARKRIDGE DRIVE TALLAHASSEE, FL 32303				Mailing Address C/O CALVIN WATSON 3100 PARKRIDGE DRIVE TALLAHASSEE, FL 32303			
2. Principal Place of Business - No P.O. Box # 3100 Park Ridge Dr				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Tall 71				City & State Tall 71			
Zip 32305		Country Leon		Zip Tall 71		Country Leon	
4. FEI Number 200756739 APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WATSON, CALVIN 3100 PARKRIDGE DRIVE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 5/31/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, CALVIN 3100 PARK RIDGE DRIVE TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Sherry 61 China Hill Church Rd Havana 71 32333	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, CRONELL 2409 BRIGHTON ROAD TALLAHASSEE, FL 32315			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800108500019 07/20/07--01034--013 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, CLIFFORD 212 NORTH LOWE STREET QUINCY, FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, JACKSON H 167 SELLERS LANE BRINSON, GA 39825			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				Date: 5/31/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							

REINSTATEMENT 2006-07