PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 OCT -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000076677

1. Limited Liability Company's Name
CVS Watson Farms

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
27607 Santa Anita Blvd		27607 Santa Anita Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Wesley Chapel, FL		City & State: WesleyChapel, FL	
Zip: 33544	Country: USA	Zip: 33544	Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: May 9, 2014

6. FEI Number: 46-5615189 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Nathaniel T. Watson

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 27607 Santa Anita Blvd

City: Wesley Chapel | State: FL | Zip Code: 33544

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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: 10/8/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Nathaniel T. Watson	27607 Santa Anita Blvd	Wesley Chapel Fla, 33544
MGR	Vince M Watson	3010 NW 44th Ave	Lauderdale Lakes, Fla, 33313
	REINSTATEMENT		
	2015		S. HAWKES
			SEP 30 A.M.
			EXAMINER

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

12. 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: _____ Date: 9/24/15 Daytime Phone #: 904-349-5820

Typed or printed name of signing authorized representative/member: Nathaniel Tyrone Watson