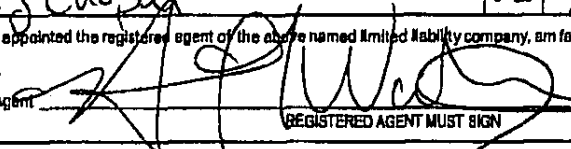
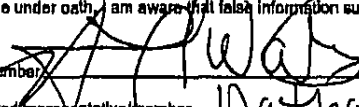


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 15 OCT -8 AM 9:00 ALL HAS FLORIDA	
DOCUMENT # L14000076677 1. Limited Liability Company's Name CVS Watson Farms					
2. Principal Office Address - No P.O. Box # 27607 Santa Anita Blvd Suite, Apt. #, etc.		3. Mailing Office Address 27607 Santa Anita Blvd Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL		5. Date Organized or Qualified To Do Business in Florida May 9, 2014	
Zip 33544	Country USA	Zip 33544	Country USA	6. FEI Number 46-5815189	
8. Name and Address of Current Registered Agent Name Nathaniel T. Watson Street Address (P.O. Box Number is Not Acceptable) Suite, 27607 Santa Anita Blvd Apt. #, Etc.				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	
City Wesley Chapel		State FL	Zip Code 33544	300277557939 03/29/15-01021--019 **238.75	
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					
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 T. Watson					