

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 2:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000007292

1. Corporation Name

WATSON'S FOUNDATION, INC.

Principal Place of Business

16183 S.W. 108TH AVE.  
 MIAMI FL 33157

Mailing Address

16183 S.W. 108TH AVE.  
 MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
 To Do Business in Florida

12/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0881640

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
 for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WATSON, DOROTHY	16183 S.W. 108TH AVE.	MIAMI FL 33157
SD	BETHUNE, YOLANDA	2445 N.W. 62ND ST	MIAMI FL 33147
TD	PEARSON, POLLY	2373 N.W. 66TH ST.	MIAMI FL 33147

100003172801--6  
 -03/16/00--01063--015  
 \*\*\*\*122.50 \*\*\*\*122.50

8. Name and Address of Current Registered Agent

WATSON, DOROTHY  
 16183 S.W. 108TH AVE.  
 MIAMI FL 33157

9. Name and Address of New Registered Agent

Name: Angel Watson  
 Street Address (P.O. Box Number is Not Acceptable): 16183 SW 108 AVE  
 Suite, Apt. #, Etc.: member  
 City: MIAMI  
 State: FL Zip Code: 33157

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
 Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/20/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dorothy Watson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99

Date

305 233-7805  
 Daytime Phone #

Dear Sir:

12/99

Please be advised that my  
corporation fees was paid  
in May '99 I don't know what  
happen to my paymet nor the form.  
I'm sending a copy of the  
money order stub. Watson Trade

THE CHECK CASHING STORE

RF 86

339007366

PURCHASER'S RECEIPT

05/04/1999

\*\*\*\$61.25\*\*\*

Dept of State

PAY TO THE ORDER OF

THE CHECK CASHING STORE, INC.

RICHMOND HEIGHTS

11223 SW 152ND ST.

MIAMI, FL 33157

0001258460

Corporate

M 93187-F

2