

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400009804884
01/03/03--01023--010 **750.00

DOCUMENT # **P01000022660**

1. Corporation Name

WATSON LUMBER CO., INC.

Principal Place of Business

1830 NW 21ST ST.
OCALA FL 34471

Mailing Address

1830 NW 21ST ST.
OCALA FL 34471

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2001

5. FEI Number

01 06 34 611

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	WATSON, ERNEST A JR.	1830 NW 21ST ST.	OCALA FL 34471
VS	WATSON, JEFFREY J	1830 NW 21ST ST.	OCALA FL 34471

8. Name and Address of Current Registered Agent

SIEFERT, MICHAEL A
606 S.E. 3RD AVE.
OCALA FL 34471

9. Name and Address of New Registered Agent

Name

Ernest A. Watson, Jr.

Street Address (P.O. Box Number is Not Acceptable)

12 Hemlock Dr

Suite, Apt. #, Etc.

City

Ocala, FL

State

FL

Zip Code

34472

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. or 617.0505, F.S.

Signature of
Registered Agent

Ernest A. Watson, Jr.
REGISTERED AGENT MUST SIGN

Date

12-31-02

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

Ernest A. Watson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-02

Daytime Phone #

CR2E040 (8/02)