

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000088391

1. Corporation Name

WATKIN ASSOCIATES, INC.

Principal Place of Business

4137 BAHIA ISLE CIRCLE
WELLINGTON FL 33467

Mailing Address

4137 BAHIA ISLE CIRCLE
WELLINGTON FL 33467

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

2. New Principal Office Address, If Applicable

11583 OSPREY POINTE CIRCLE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11583 OSPREY POINTE CIRCLE
Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2001

5. FEI Number

31-1800345

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WATKIN, HOWE	4137 BAHIA ISLE CIRCLE 11853 OSPREY POINTE CR.	WELLINGTON FL 33467
STD	WATKIN, LISA	4137 BAHIA ISLE CIRCLE 11853 OSPREY POINTE CR.	WELLINGTON FL 33467

8. Name and Address of Current Registered Agent

MAKRIS, JOHN A
3425 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

John A. Makris
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

Howa Watkin
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02 561-333-9669

CR2040 (8/02)

John A. Makris, CPA, P.A.

John A. Makris
Certified Public Accountant

Member: Florida Institute
of Certified Public Accountants

Member: American Institute
of Certified Public Accountants

3425 Woolbright Road
Boynton Beach, FL 33436
Phone: (561) 733-5053
Fax: (561) 733-5333

November 1, 2002

FL Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Re: Watkin Associates, Inc., Document #P01000088391

I am writing on behalf of Watkin Associates, Inc., for which I am Registered Agent. Also enclosed is a Form DR-835 providing me Power of Attorney as their Certified Public Accountant. This correspondence is in regard to your recent notice of Administrative Dissolution of Watkin Associates, Inc.

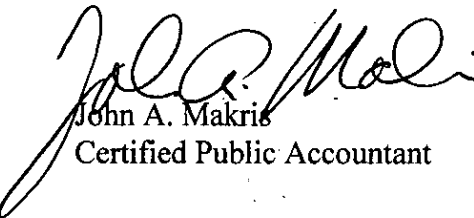
In November of 2001 the corporation moved to a new location. The current address, 11853 Osprey Pointe Circle, Wellington, FL 33467, is where the Notice of Dissolution was addressed. The former address, 4137 Bahia Isle Circle, Wellington, FL 33467, is the address on the Application for Reinstatement. The shareholders of Watkin Associates, Inc. have no recollection of receiving the original notice for their Annual Corporate Filing Fee, which was most likely mailed to the former address. They did not purposely avoid filing, but did not know to expect the annual filing notice, since the corporation just became active in September of 2001. We believe the change of location may have caused the original notice to not be delivered or to be lost in the move.

Due to the change in address and the good intent of Watkin Associates, Inc. to carry on as a registered Florida corporation, we are appealing to your discretion, and requesting that the reinstatement fee of \$600 be waived.

Enclosed you will find the Application for Reinstatement with the correct address information included, and a check for \$150 made payable to the Department of State for the original corporate filing fee.

We appreciate your consideration of our appeal and wait to hear your decision on this matter.

Sincerely,



John A. Makris
Certified Public Accountant



POWER OF ATTORNEY and Declaration of Representative

DR-835
R.01/00

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)

WATKIN ASSOCIATES, INC.
11853 OSPREY POINTE CIRCLE
WELLINGTON, FL 33467

TAXPAYER IDENTIFICATION NO(S)
(SSN, FEIN, etc.)

31-1800345

FLORIDA TAX REGISTRATION NUMBER

2338579

DAYTIME TELEPHONE NUMBER

(561) 333-8669

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)

JOHN A. MAKIS, CPA, P.A.
3425 WOOLBRIGHT ROAD
BOYNTON BEACH, FL 33436

TELEPHONE NUMBER

(561) 733-5053

FAX NUMBER

(561) 733-5333

NAME AND ADDRESS (Please Type or Print)

TELEPHONE NUMBER

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FAX NUMBER

()

NAME AND ADDRESS (Please Type or Print)

TELEPHONE NUMBER

()

FAX NUMBER

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To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
CORP ANNUAL FILING FEE		2002

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

Re-print Taxpayer Name(s):

Taxpayer ID #

PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box ☒
- b. If you do not want any notices or communications sent to your representative, check this box ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. **Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.**

If this Power of Attorney is not signed and dated, it will be returned.

Howard Shattin
SIGNATURE

10/22/02
DATE

President
TITLE (If Applicable)

PRINT NAME

SIGNATURE

DATE

TITLE (If Applicable)

PRINT NAME

PART II - DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
<u>b</u>	<u>FL</u>	<u>John R. Malin</u>	<u>10/22/02</u>