

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 31 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100103908121

06/05/07--01032--014 **608.75

DOCUMENT # 702000000941

1. Corporation Name

Watson & Company Government Relations, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

9917 Margate Hills Rd

Suite, Apt. #, etc.

3. Mailing Office Address

9917 Margate Hills Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

City & State

Jacksonville, FL

Zip

32256

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/02

5. FEI Number

26-0002582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hubert W Watson

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

9917 Margate Hills Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Hubert W Watson

REGISTERED AGENT MUST SIGN

Date 5/31/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
p/t/s	Hubert W Watson	9917 Margate Hills Rd	Jacksonville FL 32256
o	William Watson	1966 Plantation Blvd	Clearwater FL 33760
o	Louise Watson	11620 Park Blvd, B-103	Seminole FL 33772

10. 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 contained in Chapter 119, 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:

Hubert W Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07

Date

(904) 363-1738

Daytime Phone #