

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

DOCUMENT # **70200000 1082**

1. Corporation Name

**Watts Hunter Investments Inc.**

2. Principal Office Address

**2600 North Military Trail**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

Zip

**33409**

Country

**U.S.A**

3. Mailing Office Address

**P.O. Box 14516**

Suite, Apt. #, etc.

City & State

**North Palm Beach, FL**

Zip

**33408**

Country

**U.S.A**

**REINSTATEMENT**

**04**

**MRD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/04/02**

5. FEI Number

**371468061**

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

**Alexander Watts**

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

**2600 North Military Trail**

Suite, Apt. #, Etc.

City

**West Palm Beach**

State

**FL**

Zip Code

**33409**

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

**Alexander Watts**

REGISTERED AGENT MUST SIGN

Date

**12/29/04**

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
<b>P</b>	<b>Alexander Watts</b>	<b>2600 N. Military Trail</b>	<b>West Palm Beach FL 33411</b>

**000043730150**  
**12/30/04--01021--005 \*\*150.00**

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 under section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alexander Watts**

Date

**12/29/04**

Daytime Phone #

**561-627-4600**

CR2E081 (01/04)

292

12/29/04

To whom it may concern:

The hurricanes this year prevented the corporation to file During the appropriate time — in short we did not receive much of our mail particularly you Post card reminder. Please waive the Additional Fees due to hardship

Alexander Watts  
Watts Hunter Investments