PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000060272

200379461322
01/12/22--01001--004 **1985.00

1. Corporation Name

Watson Corporation

CR2E081 (11/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1738 Rocky Pointe Dr.	1738 Rocky Pointe Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33813 Country: U.S.A.	Zip: 33813 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 05/31/2002

5. FEI Number: 20-0002376 — 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: Sandra G. Sheets

Street Address (P.O. Box Number is Not Acceptable): 1 Lake Morton Dr.

Suite, Apt. #, etc.

City: Lakeland, FL | State: FL | Zip Code: 33801

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: Sandra G. Sheets — Date: 11/3/2021

REGISTERED AGENT MUST SIGN

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	Edward A. Ducar	1738 Rocky Pointe Dr.	Lakeland FL 33813

10. E-mail Address: eduarinc@tampabay.rr.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.

SIGNATURE: Edward A. Ducar — 11/3/2021 — 863-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 1/11 DANNY

	CERTIFIED COPY	
XX	PHOTOCOPY	
	CUS	
XX	FILING	CORP REINSTATEMENT

2022 JAN 11 AM 9:43

1. WATSON CORPORATION
(CORPORATE NAME AND DOCUMENT #)

File 1st

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

RECEIVED
2022 JAN 11 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

TS

1/11/22