PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 FEB 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000000749

1. Corporation Name
Watney & Sons Mining Inc

REINSTATEMENT
CR2E081 (12/07) 04-08

2. Principal Office Address – No P.O. Box #
456 Wild Oak Circle
Suite, Apt. #, etc.
City & State
Longwood, FL
Zip 32779 Country USA

3. Mailing Office Address
N/A SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 01 02 03
5. FEI Number 593278126 Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name
Paul H. Moyer
Street Address (P.O. Box Number is Not Acceptable)
456 Wild Oak Circle
Suite, Apt. #, Etc.
City Longwood State FL Zip Code 32779

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, having appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent X _____ Date 2/19/08
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Watney Blake	456 Wild Oak Oak	Longwood FL 32779
D	Alden Blake	456 Wild Oak Circle	Longwood FL 32779
D	Dawna Blake	456 Wild Oak Circle	Longwood FL 32779

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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: Watney L Blake 2/19/08 407 788 7259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Watney Blake

B. Mitchell FEB 27 2008