

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000078885	
1. Entity Name THE S.F. WATSON GROUP INCORPORATED	



FILED

2006 JUL 12 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2646 TAYLOR STREET MIRAMAR, FL 33020	Mailing Address 2646 TAYLOR STREET MIRAMAR, FL 33020
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2. Principal Place of Business 2646 Taylor St. Suite, Apt. #, etc. N/A	3. Mailing Address 2844 Funston St. Suite, Apt. #, etc. N/A
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06302006 REIN-P CR2E098 (11/05)

City & State Hollywood FL	City & State Hollywood FL
Zip 33020	Country BROWARD

4. FEI Number 20-0716675	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANT, ZERONIE N 8430 EAST DIXIE HWY MIAMI, FL 33138	
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7. Name and Address of New Registered Agent Name: Sybil F Watson Street Address (P.O. Box Number is Not Acceptable): 2646 Taylor Street City: Hollywood FL Zip: 33020	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE: Sybil Watson CEO per conversation with ms. Watson on 7/11/07-08-06 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, SYBIL F 2646 TAYLOR STREET MIRAMAR, FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WITHERSPOON, KEISHA 116 WHEATHERBINE WAY WEST TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900077711419 07/19/06--01009--009 **308.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WITHERSPOON, Keisha 8867 NW 45th St CORAL Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Sybil Watson	07-08-06