

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

12 JAN 23 AM 11:47

DOCUMENT # PO4000172233

1. Corporation Name

J. Watkins Inc.

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

3544 S. Orange Ave

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32806

Country

USA

3. Mailing Office Address

3789 batlin ^{place} Cir.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32812

Country

USA

800219204288
01/23/12--01007--025 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

1/1/2005

5. FEI Number

202057744

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

Jennifer Watkins

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

3789 batlin Place Cir.

Suite, Apt. #, Etc.

City

Orlando, FL.

State

FL

Zip Code

32812

REINSTATEMENT 10-12
CC

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

Jennifer Watkins
REGISTERED AGENT MUST SIGN

Date

1/18/12

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
<u>P</u>	<u>Jennifer Watkins</u>	<u>3789 batlin Place Cir</u>	<u>Orlando, FL. 32812</u>
		C.COULLETTE	
		<u>JAN 23 2012</u>	
		EXAMINER	

10. E-mail Address:

JenWatkins1@hotmail.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, F.S.

SIGNATURE:

Jennifer Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/12

Daytime Phone #

321-287-5999