

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY 11 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0600007895

1. Limited Liability Company's Name

Watson Technologies Inc

W09-18223

600150710656  
04/16/09--01046--024 \*\*420.00  
CR2E041 (10/08)

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

496 trer Rd

Suite, Apt. #, etc.

1

City & State

PArm Bay, FL

Zip

32907  
FL

Country

U.S

3. Mailing Office Address

496 trer Rd

Suite, Apt. #, etc.

1

City & State

PArm Bay, FL

Zip

32907

Country

U.S

4. State/Country of Formation

Florida U.S

5. Date Organized or Qualified  
To Do Business in Florida

1/13/2006

6. FEI Number

NONE

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ELSWORTH P WATSON

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

496 trer Rd

Suite, Apt. #, Etc.

1

City

PArm Bay

State

FL

Zip Code

32907

☐ A \$100 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 \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

ELSWORTH P WATSON

REGISTERED AGENT MUST SIGN

Date

4/10/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Presid</u>	<u>ELSWORTH P WATSON</u>	<u>496 trer Rd</u>	<u>PArm Bay, FL 32907</u>

600150710656  
05/13/09--01034--026 \*\*30.00

**REINSTATEMENT**

**RH**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

ELSWORTH P WATSON

Date

4/10/09

Daytime Phone #

321-426 5075

Typed or printed name of signing Managing Member/Manager

ELSWORTH P WATSON