

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

DOCUMENT # PO0000153098

1. Corporation Name

AUSTIN LEAD INC.

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

860 OAKRIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address

860 OAKRIDGE RD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

Zip

32086

Country

ST. JOHN'S

City & State

ST. AUGUSTINE FL

Zip

32068

Country

ST. JOHN'S

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/06

5. FEI Number

20-8040882

Applied For

☒ Later 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

ED WATKINS

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

860 OAKRIDGE RD

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

☒ 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, 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/18/08

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.O.	AUSTIN, HAL	9140 GOLFSIDE DR #14	JACKSONVILLE FL 32256
ST.D	BACHMANN, PETER	9140 GOLFSIDE DR #14	JACKSONVILLE FL 32256
V.P.O	WATKINS, ED	9140 GOLFSIDE DR #14	JACKSONVILLE FL 32256
D	WATKINS, HARRY	9140 GOLFSIDE DR #14	JACKSONVILLE FL 32086
500139233005 12/23/08 01015 011 **300.00			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/08 386-559-3693