

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 25 AM 10:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000032376**

1. Corporation Name

WATSON PROPERTY MANAGEMENT, INC.

REINSTATEMENT 08-10 RS

600169249246
02/17/10--01005--024 **158.75
CR2E081 (1/7/09)

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

910 NW 15D AVE

Suite, Apt. #, etc.

—

3. Mailing Office Address

20809 NW 190 AVE

Suite, Apt. #, etc.

—

City & State

HIGH SPRINGS, FL.

City & State

HIGH SPRINGS, FL.

Zip

32643

Country

FLACHUA

Zip

32643

Country

FLACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

4/1994

5. FEI Number

65-0496649

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

SHARON GERACI

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

20809 NW 190 AVE

Suite, Apt. #, Etc.

—

City

HIGH SPRINGS

State

FL

Zip Code

32643

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.

600169249246
02/25/10--01041--001 **300.00

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

Sharon Geraci

REGISTERED AGENT MUST SIGN

Date

2/15/10

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
D/P	ROBERT A. WATSON JR.	20809 NW 190 AVE	HIGH SPRINGS, FL. 32643

10. E-mail Address: **fa.watson@gmail.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., 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.

SIGNATURE:

Robert A. Watson Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2010

Date

352.262.9934

Daytime Phone #