

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 18 AM 11:39

DOCUMENT # P94000067002

1. Corporation Name

ZEB WATTS ENTERPRISE, INC.

Principal Place of Business

Mailing Address

1725 PINE AVE.
NICEVILLE FL 32578

1725 PINE AVE.
NICEVILLE FL 32578



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1293 Beverly Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1293 Beverly Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1994

5. FEI Number

59-3265131

Applied For

Not Applicable

City & State

Fort Walton Beach, Florida

City & State

Fort Walton Beach, Florida

Zip

32547

Country

United States

Zip

32547

Country

United States

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	WATTS, ZEB	1725 PINE AVE.	NICEVILLE FL 32578

7000004797467--3
-01/25/02--01029--004
*****300.00 *****300.00

1/12/23

8. Name and Address of Current Registered Agent

WATTS, ZEB
1725 PINE AVE.
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2ED040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Zeb Watts

REGISTERED AGENT MUST SIGN

Date 1-12-02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Zeb Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

Date

(850) 244-9110

Daytime Phone #

Zeb Watts Enterprises, Inc.
1293 Beverly Street
Ft. Walton Beach, Fl. 32547
850-244-9110

1-12-02

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Ladies and Gentlemen:

Please waive the penalties for not filing on the proper date as the form was not sent to the correct address. The address has been corrected.

Please find enclosed a check for \$300.

Thank you for all your considerations.
Sincerely,



Zeb Watts
President, Registered Agent, and Sole Director