PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPLICATION

FOR

REINSTATEMENT

SIGNATURE:

1. Corporation Name VATSON & SON, INC.					O1 OCT 24 PM 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
CLEARWATER FL 33755 OFFICE		CLEARWATER FL					
	addresses are incorrect in any way, line the rincipal Office Address, if Applicable		rmation and enter of Office Address, If		4. Date Incorp	porated or Qualified	
Suite, Apt. #, etc. City & State City & State		1167	Suite, Apt. #, etc. City & State		To Do Business in Florida		
		City & State					
<u>DUN</u> 3460	UNEDIN; FC 00N 4698 Country Zip 7698 USA 3469					CATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	d/or Director (Florid	la nonprofit corpora	tions must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D	WATSON, RICHARD		1419 LEO LANE			CLEARWATER FL 34615	
Р ,	WATSON, ROBERT P	1419 LEO LANE, APT. 1			CLEARWATER FL 33755		
		NE.	Tan a se u		- 6) -	00046726 -11/08/01010 ****750.00	J59UU8
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
WATSON, ROBERT P 1419 LEO LANE OFFICE CLEARWATER FL 33755				Name KOB P. WATSON Street Address (P.O. Box Number is Not Acceptable) 1167 O XON CT Suite, Apt. #, Etc. City OUNEDIN State Zip Code FL 3 7698			
10. I, bein Signature Registere	Agent	pove named corpora	REGU			ion 607.0505, F.S.	1