

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 17 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042238

1. Corporation Name

WATTS HOLDINGS INC.

Principal Place of Business

Mailing Address

8888 SALTCOATES CT
TALLAHASSEE FL 32312

8888 SALTCOATES CT
TALLAHASSEE FL 32312

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

2. New Principal Office Address, If Applicable

2320-A North Monroe St

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32312

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1997

5. FEI Number

☒ Applied For

☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	PAUL V. WATTS	8888 Saltcoates Court	Tallahassee, FL 32312

100002691771--5
-11/19/98--01081--003
****150.00 ****150.00

B 98AR 11/18/98

8. Name and Address of Current Registered Agent

WATTS, PAUL V
8888 SALTCOATES CT
TALLAHASSEE FL 32312

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/98

Daytime Phone #

385-4464

CR2040 (9/98)

WATTS HOLDINGS, INC.

November 16, 1998

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

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Dear Sir or Madam:

Attached is our corporation Application for Reinstatement. We never received the forms necessary to renew our corporation status. We have noted our change of address at item 2. Also attached is check number 1410 dated 11/16/98 in the amount of \$150.00.

Thank you for your attention to this matter. If you have any questions, or need any further information, please call me at 385-4464.

Sincerely,



Paul V. Watts
President