

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 OCT 17 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P970000054077

1. Corporation Name

Law offices of Marshall C. Watson P.A.

2. Principal Office Address

1800 N.W. 49th St.

Suite, Apt. #, etc.

120

City & State

ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

1800 N.W. 49th St

Suite, Apt. #, etc.

120

City & State

ft. Lauderdale, FL

Zip

33309

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/19/1997

5. FEI Number

65-0769880

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

Marshall C. Watson

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

1800 N.W. 49th St

Suite, Apt. #, Etc.

#120

City

ft. Lauderdale

State

FL

Zip Code

33309

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 10/15/2002

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.D.	Marshall C. Watson	1800 N.W. 49th St. #120	ft. Lauderdale, FL
			33309

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marshall C. Watson

Date

10/15/2002 (954) 453-5233

Daytime Phone #

CR2E081 (9/01)

LAW OFFICES OF
MARSHALL C. WATSON, P.A.

1800 N.W. 49TH STREET
SUITE 120
FT. LAUDERDALE, FL. 33309
TELEPHONE (954) 771 - 5522
FAX (954) 771 - 6052

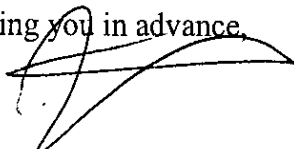
October 15, 2002

RE: DOCUMENT # P97000054077

To Whom It May Concern:

We are late paying our corporation filing fees because we never received a notice in the mail. I have noticed that the registered agent has the wrong suite number and this may be the reason. Please correct the suite number to reflect the address on our form.

Thanking you in advance,


Marshall C. Watson
President