

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 NOV 17 AM 11:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **855574**

1. Corporation Name

CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

P O BOX 72197
 ROSELLE IL 60172

P O BOX 72197
 ROSELLE IL 60172



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-2391274

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	CLARKE, JOHN L.	402 FAIRBANK RD	RIVERSIDE IL
TV	WOOD, CLARK	159 N. GARDEN	ROSELLE IL 60172
S	TECSON, JOSEPH A	225 W WASHINGTON #1300	CHICAGO IL
DAS	CLARKE, MARY KEMP	402 FAIRBANKS RD.	RIVERSIDE IL
PD	JOHN L. CLARKE III	159 N. GARDEN	ROSELLE IL
TV	WOOD, CLARK	159 N. GARDEN	ROSELLE IL 60172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

300024172253

10/27/03 01099 009 State Zip Code

FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

James M. Halpin
 Assistant Secretary

Date

11/12/03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE
J. A. DRAGO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

630/
 10/20/03 671-3117

CR2E040 (7/03)