

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J53016

1. Corporation Name

M.L. Saxon Exterminating Service Inc

800025231918  
12/04/03--01027--015 \*\*750.00

2. Principal Office Address

708 Root Street

State, Apt. #, etc.

3. Mailing Office Address

7625 Page Blvd

Suite, Apt. #, etc.

REINSTATEMENT 03

City & State

Daytona Beach FL

Zip

32114

Country

USA

City & State

St LOUIS MO

Zip

63133

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1990

5. FEI Number

43-1436650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

§ 174. Additional fee required for each certificate of status

7. Name and Address of Current Registered Agent

Name

Steven W. Hubbard

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

2320 First Street

Suite, Apt. #, Etc.

1000

City

Fort Myers

State  
FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent

*Steven W. Hubbard*

REGISTERED AGENT MUST SIGN

Date

11/17/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Gary C. Huger	233 Sugar Creek Ridge	St Louis Mo 63133

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:

*Gary Huger* GARY HUGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-03

Copy the Phone #

60200a (10/03)

B.