

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K43096

1. Corporation Name

STATEWIDE TERMITE & PEST
CONTROL, INC.
3888 TAMPA ROAD
P.O. BOX 60
OLDSMAR, FL 34677

300008682213
10/29/02--01154--010 **1350.00

REINSTATEMENT 99-02

2. Principal Office Address

3888 TAMPA RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/88

5. FEI Number

59-2886933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

OLDSMAR FL

City & State

Zip

34677

Country

PINELLAS

Zip

Country

7. Name and Address of Current Registered Agent

Name

JOHN SULLIVAN

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

3888 TAMPA RD

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

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

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
PS	JOHN SULLIVAN	3888 TAMPA RD	OLDSMAR FL 34677

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

10/22/02 (817) 240-9022

Date

Daytime Phone #

CR2E081 (9/01)

9/11/02