2004 LIMITED LIABILITY COMPANY REINSTATEMENT

L03000047624

DOCUMENT # L03000047624

1. Entity Name
THE TERMITE DOCTOR LLC

FILED
04 OCT 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3250 SW 87 PLACE MIAMI, FL 33165	3250 SW 87 PLACE MIAMI, FL 33165

10262004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
5379 NW 7 St Suite, Apt. #, etc.	5379 NW 7 St. Suite, Apt. #, etc.
City & State: Miami, FL 33126	City & State: Miami, FL 33126
Zip: 33126 Country:	Zip: 33126 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ECHEVARRIA, RAUL J
3250 SW 87 PLACE
MIAMI, FL 33165

MK

7. Name and Address of New Registered Agent

Name: Echevarria, Raul J.
Street Address (P.O. Box Number is Not Acceptable): 5379 NW 7 St.
City: Miami FL Zip Code: 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	ECHEVARRIA, RAUL J		NAME	Echevarria, Raul J.	
STREET ADDRESS	3250 SW 87 PLACE		STREET ADDRESS	5379 NW 7 St.	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REINSTATEMENT 2004		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MK		NAME	100042322771	
STREET ADDRESS			STREET ADDRESS	10/29/04--01091--010 **50.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 10-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #