PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -8 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056577**

1. Corporation Name

THERMACELL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~8306 LAUREL FAIR CIRCLE~~ ~~SUITE 240~~ ~~TAMPA FL 33610~~ ~~US~~	~~8306 LAUREL FAIR CIRCLE~~ ~~SUITE 240~~ ~~TAMPA FL 33610~~ ~~US~~

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 5419 PROVOST DRIVE	Suite, Apt. #, etc.: 5419 PROVOST DR
City & State: HOLIDAY FL	City & State: HOLIDAY FL
Zip: 34690 Country: US	Zip: 34690 Country: US

Date Corporation Was Qualified To Do Business In Florida: 08/12/1993

5. FEI Number: 59-3223708 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PIDORENKO, JOHN	8306 LAUREL FAIR CIRCLE SUITE 24	TAMPA FL
D/T/S/V	~~RILEY, DARRYL~~ COUTURE, GERALD	~~845 N. BERKLEY RD.~~ 901 CHESTNUT ST, STE A	~~AUBURNDALE FL~~ CLEARWATER, FL.
D	STILES, KENDAL	513 N CASEY KEY RD	OSPREY FL
D	~~HANKINS, MICHAEL SR.~~ DRESCHER, STEPHEN	~~146 SOUTH THIRD~~ 2500 WESTCHESTER AVE	~~STE. GENEVIEVE MO~~ PURCHASE, NY. 10577
~~S~~	~~TRUSTY, JOHN~~	~~5115 N. SOCRUM LOOP RD., #363~~	~~LAKELAND FL~~
			900002381003--2 -12/11/97--01008--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~CRONIN, MICHAEL T~~
~~911 CHESTNUT ST~~
~~CLEARWATER FL 34616~~

9. Name and Address of New Registered Agent

Name: GERALD COUTURE
Street Address (P.O. Box Number is Not Acceptable): 901 CHESTNUT ST, ~~SUITE A~~
Suite, Apt. #, Etc.: ~~CLEARWATER~~ SUITE A
City: CLEARWATER State: FL Zip Code: 33756

CR2E040 (8/97)

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.

Signature of Registered Agent: Gerald Couture Date: 11/17/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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: Gerald Couture 11/17/97 813-447-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GERALD COUTURE