

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

10 of 2

FILED

02 JUN -3 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094454

1. Corporation Name

ABSOLUTE PEST CONTROL, INC.

Principal Place of Business

Mailing Address

74 BANYAN RD
NAPLES FL 34108
US

P.O. BOX 770565
NAPLES FL 34107-0565
US



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

12/13/1995

Suite, Apt. #, etc.

1525 Curlew Ave. #5

Suite, Apt. #, etc.

City & State

Naples, FL.

City & State

Zip

34102

Country

USA

Zip

Country

5. FEI Number

65-0629713

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KENNY, DAVID M	74 BANYAN RD	NAPLES FL
PD	Kenny, David M	1525 Curlew Ave. #5	Naples, FL.
			201.25 - ARC
			10.00 - ARARTS
			88.75 - ARSURP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNY, DAVID M

74 BANYAN RD 1525 Curlew Ave. #5

NAPLES FL 34108

34102

Name

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

800005892028--3

Suite, Apt. #, Etc.

06/20/02 01065-006

****300.00 ****300.00

City

State

FL

Zip Code

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

David Kenny

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/29/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02 (239) 793-3099

Daytime Phone #

CR2E040 (8/01)

Dept. of State,

This is the first
notice I have recieved for
this Corporate report. No
previous notice was ever
recieved.

Sincerely,



DAVID KENNY

Absolute Pest Control

C:239-248-1901