## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P96000059558

Entity Name: PROQUEST PEST CONTROL I

FILED Sep 27, 2006 Secretary of State

Entity Nai	me: PROQUE	EST PEST CONTROL INC	
Current P	rincipal Place	e of Business:	New Principal Place of Business:
670 NTH 0	COURTENAY I	PKWY	2460 N. COURTENAY PKWY
STE 19E MERRITT	ISLAND, FL 3	32953 US	STE 202 MERRITT ISLAND, FL 32953 US
Current M	lailing Addres	ss:	New Mailing Address:
670 NTH (	COLIRTENAYI	PK\\\/Y	2460 N. COURTENAY PKWY
670 NTH COURTENAY PKWY STE 19E			STE 202
MERRITT	ISLAND, FL 3	32953 US	MERRITT ISLAND, FL 32953 US
FEI Number:	: 59-3387530	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agen	t: Name and Address of New Registered Agent:
	N, FREDERICH	KR	
	DOVER WAY LE, FL 32780	US	
in the State	e of Florida.	submits this statement for	the purpose of changing its registered office or registered agent, or both,
SICINATO		nic Signature of Registered	d Agent Date
In accordan			did not receive the prior notice.
		g Trust Fund Contribution ( ).	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D ( ) HAMILTON, FR 8157 WINDOVI TITUSVILLE, F	ER WAY	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V ( ) HAMILTON, FR 8157 WINDOVI TITUSVILLE, F	ER WAY	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () SOLOMON, JO 493 RIO CASA INDIALANTIC, I	DRIVE N.	Title: V (X) Change ( ) Addition Name: COOK, CHASTITY Address: 6923 CARLOWE AVENUE City-St-Zip: COCOA, FL 32927
Title: Name: Address: City-St-Zip:	C ( ) MORRIS, JACK 3675 VALKARI, MALABAR, FL	A RD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address:	ST ( ) RAMSEY, CAR 1441 CREST D		Title: ST (X) Change ( ) Addition Name: ALLEN, JOHANNA Address: 8157 WINDOVER WAY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TITUSVILLE, FL 32780

SIGNATURE: JOHANNA ALLEN ST 09/27/2006

City-St-Zip: TITUSVILLE, FL 32780