PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 20 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S38771

1. Corporation Name

BRUCE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
1207 BAKER DR LAKELAND FL ~~33809~~	1207 BAKER DR LAKELAND FL ~~33809~~

REINSTATEMENT 99 Q

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33810 Country	Zip 33810 Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/15/1991

5. FEI Number: 59-3056520 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is 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
VP	HOLDORFF, PATTE	~~1234 DURHAM DR~~ 218 BAYBERRY DR.	~~LAKELAND FL 33809~~ POLK CITY, FL 33868
			600003031786--5
			-11/02/99--01020--013
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

HOLDORFF, BRUCE
1234 DURHAM DRIVE
LAKELAND FL 33809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (9/99)

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: Bruce Holdorff (REGISTERED AGENT MUST SIGN) Date: 10/14/99

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: Patte Holdorff 10/14/99 (863) 858-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00764/6 AF