PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 APR 21 PM 3:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # V47152

1. Corporation Name
Bug Guard Services of Flagler County Inc

2. Principal Office Address
25 Utility Drive
Suite, Apt. #, etc.
Suite A
City & State
Palm Coast FL
Zip 32137
Country Flagler

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

ov/08/04   90001 041 $150.00
REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 6-26-1992

5. FEI Number 59 3132642
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Sylvia Stover

Street Address (P.O.,Box Number is Not Acceptable)
25 Utility Drive

Suite, Apt. #, Etc.
Suite A

City Palm Coast   State FL   Zip Code 32137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   Date 4-18-05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sylvia Stover	25 Utility Dr	Palm Coast FL 32137
		500053931 735 05/06/05--01006--008 **750.00	

10. 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: _____   4-18-05   386 445-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #