

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 17 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 244785

1. Corporation Name

Redd Pest Control of Florida, Inc.

700078986237
08/22/06--01019--011 **1050.00

2. Principal Office Address

250 S. Pace Blvd.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip
32501

Country
US

3. Mailing Office Address

689 C Towne Center Blvd.

Suite, Apt. #, etc.

City & State

Ridgeland, MS

Zip
39157

Country
US

REINSTATEMENT
CR2E081 (12/05)

84-06

4. Date Incorporated or Qualified
To Do Business in Florida 2/16/1961

5. FEI Number
59-0918257

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
Ellen Williams

Street Address (P.O. Box Number is Not Acceptable)
9201 Navarre Parkway

Suite, Apt. #, Etc.

City
Navarre

State
FL

Zip Code
32566

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

Ellen Williams

Date 8/16/06

REGISTERED AGENT MUST SIGN

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
PD	Richard Redd	Post Office Box 1767	Ridgeland, MS 39158
D	Joyce Redd	Post Office Box 1767	Ridgeland, MS 39158

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 contained in Chapter 119, 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:

Richard L. Redd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-15-06 601 255 0592

Daytime Phone #

B. Mitchell AUG 17 2006