

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 343778

1. Corporation Name

LEONARD M. KING PEST CONTROL, INC.

Principal Place of Business

Mailing Address

2111 S.W. 60TH WAY
MIRAMAR FL 33023
US

PO BOX 3636
MIRAMAR FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6320 JOHNSON ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33024

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1969

5. FEI Number

59-1237515

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
PS	DANIELS-KING, PATRICIA A	1001 S.W. 115TH AVE 1000 NW 120 AVENUE	DAVE FL 33323 PLANTATION, FL 33323
V	DANIELS-ROGERS, MARCIA	787 S.W. 120TH WAY	DAVE FL 33325
T	ROGERS, RODNEY	787 S.W. 120TH WAY	DAVE FL 33325

8. Name and Address of Current Registered Agent

KING, PATRICIA D
2111 SW 60TH WAY
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

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

6320 JOHNSON ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

Date

11/26/01

REGISTERED AGENT MUST SIGN

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

11/26/01

Date

(954) 961-2600

Daytime Phone #

FILED
01 NOV 30 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT OF 1178
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