

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **590797**

1. Corporation Name

**PETRI'S POSITIVE PEST CONTROL OF PALM BEACH COUNTY, INC.**

Principal Place of Business

737 SW 9TH TERR  
POMPANO BEACH FL 33069-4521

Mailing Address

737 SW 9TH TERR  
POMPANO BEACH FL 33069-4521

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

Country

Zip

Country

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1978

5. FEI Number

59-1873546

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
COB	PETRI, HENRY C.	737 S.W. 9TH TERRACE	POMPANO BEACH FL 33069
S	LAUSIER, DEBORAH	4120 SABAL LAKES ROAD	DELRAY BEACH FL 33445
P	CAVANAGH, BRENDAN	737 S.W. 9TH TERRACE	POMPANO BEACH FL 33069
VP	CAVANAGH, CHRISTOPHER	737 SW 9 TERRACE	POMPANO BEACH FL 33069

500024576175  
11/10/03--01116--019 \*\*150.00

8. Name and Address of Current Registered Agent

PETRI, HENRY C.  
737 SW 9 TERR  
POMPANO BEACH, FL FL 33060

9. Name and Address of New Registered Agent

Name **Brendan Cavanagh, Pres**  
Street Address (P.O. Box Number is Not Acceptable)  
**737 S.W. 9 Terrace**  
Suite, Apt. #, Etc.  
City **Pompano Beach** State **FL** Zip Code **33069**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Brendan E. Cavanagh*  
REGISTERED AGENT MUST SIGN

Date

11/7/03

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:

*Brendan E. Cavanagh* (BRENDAN E. CAVANAGH) 11/7/03 954-781-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

# State of Florida Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: **PETRI'S POSITIVE PEST CONTROL OF PALM BEACH COUNTY, INC.**

Document Number: **590797**

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
19<sup>th</sup> day of September, 2003.



*Glenda E. Hood*

**Glenda E. Hood**  
Secretary of State