

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 30 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 615743

1. Corporation Name

INSECT & AQUATIC MANAGEMENT SYSTEMS, INC.

500163183835
11/30/09--01043--025 **1200.00

2. Principal Office Address - No P.O. Box #

15140 HARBOUR ISLE DRIVE

3. Mailing Office Address

P. O. BOX 60313

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33908-6845

Country

LEE

Zip

33906-6313

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1979

5. FEI Number

59-1909903

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

RICHARD LEVY

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

15140 HARBOUR ISLE DRIVE

Suite, Apt. #, Etc.

701

City

FORT MYERS

State

FL

Zip Code

33908-6845

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11/24/2009

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
PTD	RICHARD LEVY	15140 HARBOUR ISLE DRIVE	FORT MYERS, FL 33908-6845
VSD	DIANE D. LEVY	15140 HARBOUR ISLE DRIVE	FORT MYERS, FL 33908-6845

10. E-mail Address: ☒ r.levy@comcast.net

(To be used for future annual report notification)

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. I further certify, 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 LEVY

11/24/2009 239-482-0496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #