

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT -3 10:48

DOCUMENT # 650824

1. Corporation Name

Rid-it Pest Control, Inc.

2. Principal Office Address

708 N. E. 42 Street

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip 33334

Country USA

3. Mailing Office Address

708 N. E. 42 Street

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip 33334

Country USA

REINSTATEMENT 1996-2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/10/80

5. FEI Number

59-1963663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles E. Holifield, Jr.

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

708 N. E. 42 Street

Suite, Apt. #, Etc.

City

Oakland Park

State
FL

Zip Code
33334

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

Charles E. Holifield, Jr.
REGISTERED AGENT MUST SIGN

Date 9/26/06

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
PST/D	Charles E. Holifield, Jr.	708 N. E. 42 Street	Oakland Park, FL 33334

900080386729
10/03/06 01018-031 **2252.75

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:

Charles E. Holifield, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/06

Date

Daytime Phone #

B. Mitchell OCT 10 2006