## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F95000002549

Entity Name: PESTMASTER SERVICES, INC.

FILED Oct 29, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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137 EAST SOUTH STREET 5055 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207 SUITE #1

JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1360 KLEPPE LANE 5055 ST AUGUSTINE ROAD RENO, NV 89431 5055 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207

FEI Number: 95-3718404 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANSON, FRANCES

5055-1 ST. AUGUSTINE ROAD

JACKSONVILLE, FL 32207 US

LEE, JAY MR.

5055-1 ST. AUGUSTINE ROAD

JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MR. JAY LEE 10/29/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VAN DIEPEN, JEFFREY M
 Name:

 Address:
 137 EAST SOUTH STREET
 Address:

 City-St-Zip:
 BISHOP, CA 93514
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 PFERSICH, LILLIAN
 Name:

 Address:
 6360 CORY STREET
 Address:

 City-St-Zip:
 SIMI VALLEY, CA 93063
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY LEE BM 10/29/2004