

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97480

1. Corporation Name

AACTION PEST CONTROL OF SOUTH FLORIDA, INC.

Principal Place of Business

6750 U.S. HIGHWAY 27 S.
SEBRING FL 33870

Mailing Address

6750 U.S. HIGHWAY 27 S.
SEBRING FL 33870

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1982

5. FEI Number

59-2214793

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

V

ALLEN, RICHARD

1042 ARBUCKLE BRANCH RD

SEBRING FL 33870

TDS

HIGGINS, THOMAS

2524 DOLPHIN DR

SEBRING FL 33870

200008635872

10/28/02--01113--019 **700.00

200008635872

11/20/02--01075--002 **50.00

8. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J
116 E INTERLAKE BLVD
LAKE PLACID, FL 33853

9. Name and Address of New Registered Agent

Name

William J. Nielander

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

172 E. Interlake Blvd.

Suite, Apt. #, Etc.

City

Lake Placid

State

FL

Zip Code

33852

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. HIGGINS

10/25/02 (863) 382-2773

Date

Daytime Phone #

CR2E040 (8/02)