

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100082618191
12/18/06--01052--014 **17.50

100082618191
12/18/06--01052--013 **2250.00

DOCUMENT # **G19301**

1. Corporation Name

PERFECT PEST CONTROL INC.

2. Principal Office Address

1239 PRICE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

1239 PRICE CIRCLE

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

Zip

33948

Country

CHARLOTTE

Zip

33948

Country

CHARLOTTE

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/83

5. FEI Number

59-0229995

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

THOMAS R SAMSON

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

1239 PRICE CIRCLE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33948

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

Thomas R Samson

REGISTERED AGENT MUST SIGN

Date **12/14/06**

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
PRES.	THOMAS R SAMSON	1239 PRICE CIRCLE	PORT CHARLOTTE FL
SEC.	ROSEANN SAMSON	1239 PRICE CIRCLE	PORT CHARLOTTE FL 33948
Treas.	ROSEANN SAMSON	1239 PRICE CIRCLE	PORT CHARLOTTE FL 33948

12/18

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:

Thomas R Samson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

1/14/06

Daytime Phone #

941-815-7343