

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 3:06

DOCUMENT # G97274

1. Corporation Name

Barry Huffine Pest Control, Inc.

2. Principal Office Address

2221 NW 64th Ave

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33313

Country

Broward

3. Mailing Office Address

11950 NW 5th Ct.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33313

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/1984

5. FEI Number

59-2384970

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

Kofsky, Coury & Associates, PA

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

3230 W. Commercial Blvd.

Suite, Apt. #, Etc.

Suite 150

City

Fort Lauderdale,

State

FL

Zip Code

33309

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

Patricia D. Lamy
REGISTERED AGENT MUST SIGN

Date 9/24/2001

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
DP	Barry Huffine	11950 NW 5th Court	Plantation, FL 33313
DST	Donna Huffine	11950 NW 5th Court	Plantation, FL 33313

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 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: Barry Huffine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry Huffine 10/2/01 954-749-1444

CR2E061 (9/00)

Kofsky, Coury & Associates, PA

3230 W. Commercial Boulevard, Suite 150

Ft. Lauderdale, Florida 33309

(954) 735-4929

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Barry Huffine Pest Control, Inc.
Document number G97274

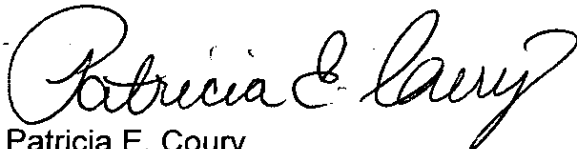
Please find enclosed a corporation reinstatement form for the above-referenced client. Our client was unaware that his corporation had been administratively dissolved. We happened to notice it when we were doing research in our office.

As soon as the problem was detected, we contacted Mr. Huffine and then called your office and spoke to Michele. Michele asked us to send the form, a check for \$1,365, and an explanation of the problem.

Our client did not receive his documents each year from your office. He has been located at his same address for sixteen years. The address in your system is off by a number. We would surmise that perhaps someone in your department keyed it in incorrectly, and therefore, the notices went to the wrong address.

We ask that you abate any penalties that might otherwise apply for just cause. We thank you for your attention in this matter.

Sincerely,



Patricia E. Coury
Certified Public Accountant

Enclosures