

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 MAR 14 PM 4:40

DOCUMENT # K83404

1. Corporation Name

ATLANTIC EXTERMINATING & TAMPING, INC.

2. Principal Office Address

1831 N. Dixie Hwy

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

1831 N. Dixie Hwy

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

REINSTATEMENT 99-03

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650153480

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 J. Donahoe

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

1831 N. Dixie Highway

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

900014070649
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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 J. Donahoe

REGISTERED AGENT MUST SIGN

Date March 12, 2003

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
PD	Thomas J. Donahoe	1831 N. Dixie Hwy.	Pompano Bch, FL 33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2003 561/237-6859

Date

Daytime Phone #

CR2E081 (10/02)