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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000002155

FILED

02 NOV 14 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002155

Name and Mailing Address

0001319 01 FP 0.352 **PRSRT T5 0 0615 33028-285318

PROFESSIONAL PEST SOLUTIONS, LLC
2018 NW 141 AVENUE
PEMBROKE PINES FL 33028-2853

CR2E084 (8/02)

2. New Mailing Address
12340 NW 18th Street
City, State, Zip
Pembroke Pines, FL. 33026

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
02/08/2001

Principal Place of Business
2018 NW 141 AVENUE
PEMBROKE PINES FL 33028

3. New Principal Place of Business Address
12340 NW 18th St.
City, State, Zip
Pembroke Pines, FL. 33026

6. FEI Number
651082017
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

STARK, TIMOTHY
2018 NW 141 AVENUE
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name Timothy Stark
Street Address (P.O. Box Number is Not Acceptable)
12340 NW 18th Street
City Pembroke Pines FL Zip Code 33026

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/1/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STARK, TIMOTHY	P.O. BOX 260118	PEMBROKE PINES FL 33026

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11/14/02--01105--003 **150.00

REINSTATEMENT 2002

11/18

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 10/31/02 Daytime Phone # 954-322-2424

Typed or printed name of signing Managing Member/Manager Tim Stark