PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000002155

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002155

1. Limited Liability Company's Name
Professional Pest Solutions LLC

2. Principal Office Address	3. Mailing Office Address
12340 NW 18 St	P.O. Box 260116
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, Fl
Zip: 33026 Country: Broward	Zip: 33026 Country: Broward

4. State/Country of Formation: Florida/

5. Date Organized or Qualified To Do Business in Florida: February 8, 2001

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

Name: Timothy Stark

Street Address (P.O. Box Number is Not Acceptable): 2018 NW 141 Avenue

900023973149
10/21/03--01082--002 **150.00

Suite, Apt. #, Etc.

City: Pembroke Pines | State: FL | Zip Code: 33028

9. 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 _____
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Timothy Stark	2018 NW 141 Avenue	Pembroke Pines, FL, 33028
MGRM	Maria Stark	2018 NW 141 Avenue	Pembroke Pines, FL, 33028
MGRM	Carla Daniel	170 SW 167 Avenue	Pembroke Pines, FL 33027

REINSTATEMENT 03 dcr

11. 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 10/14/03 Daytime Phone # 954-322-2424

Typed or printed name of signing Managing Member/Manager: Timothy Stark, Manager