

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION

07 DEC 11 PM 1:31

DOCUMENT # L04000064941

1. Limited Liability Company's Name

SVET PEST CONTROL, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
949 GRAHAM ROAD

Suite, Apt. #, etc.

City & State
VENICE, FL

Zip
34293

Country
USA

3. Mailing Office Address
949 GRAHAM ROAD

Suite, Apt. #, etc.

City & State
VENICE, FL

Zip
34293

Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **09/01/2004**

6. FEI Number
20-1573748

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
VENDELIN J SVET

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

949 GRAHAM ROAD

Suite, Apt. #, Etc.

City
VENICE

State
FL

Zip Code
34293

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Vendelin J. Svet
REGISTERED AGENT MUST SIGN

Date **10.15.2007**

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
MGRM	VENDELIN J SVET	949 GRAHAM ROAD	VENICE, FL 34293
MGRM	JARKA SVET	949 GRAHAM ROAD	VENICE, FL 34293

300111083069
10/22/07--01009--007 **50.00

300111083069
12/07/07--01054--010 **100.00

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

Vendelin J. Svet

Date **10.15.2007** Daytime Phone # **(941) 408-1949**

Typed or printed name of signing Managing Member/Manager **VENDELIN J SVET**