

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 10:37

**DOCUMENT #** L57018

**1. Corporation Name**

PEST MANAGEMENT SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Office Address**

12446 W. COLONIAL DR.

Suite, Apt. #, etc.

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

**City & State**

WINTER GARDEN, FLORIDA

**City & State**

**Zip**

34787

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1990

**5. FEI Number**

59-3007183

**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**

FOY H. BARTON

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

12508 SUMMERPORT BEACH WAY

Suite, Apt. #, Etc.

**City**

WINDERMERE

**State**  
FL

**Zip Code**  
34786

**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**

*Foy H. Barton*

REGISTERED AGENT MUST SIGN

**Date** 2-4-03

**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
Pres.	JAMES R. BUTTRAM	1734 NITA PL.	CLERMONT, FL 34711
VP	FOY H. BARTON	12508 SUMMERPORT BEACH WAY	WINDERMERE, FL 34786
SEC.	JOYCE A. BUTTRAM	1734 NITA PL.	CLERMONT, FL 34711

**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)(f), 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:**

*Foy H. Barton* - Foy H. BARTON

**Date**

2-04-03

**Daytime Phone #**

407-656-7378

7/21/3

Attachment

157018

PEST MANAGEMENT SERVICES, INC.  
12446 W. COLONIAL DR.  
WINTER GARDEN, FL 34787  
407 656-7378

February 3, 2003

Division of Corporations  
Uniform Business Report Filings.  
POB 1500  
Tallahassee, fl 32302-1500

To Whom It May Concern:

I've just realized that I failed to pay the \$150.00 last year for our Corporation. After speaking with one of your very nice representatives, I now know that the address you have is wrong. We did not receive the 1<sup>st</sup> or 2<sup>nd</sup> notice last year. I would appreciate it if you will waive the penalty for being late.

I've enclosed a \$308.75 check for 2002, 2003 and a Certificate of Status and a reinstatement form. Thank you.

Sincerely,



Joyce A. Buttram, Secretary