

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP 25 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L60447**

**1. Corporation Name**

**Premier Pest and Lawn, INC.**

**2. Principal Office Address**

**5045 SE Manatee Ter**

Suite, Apt. #, etc.

City & State

**STUART**

Zip

**34997**

Country

**FLORIDA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

**FL**

Zip

Country

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

**5. FEI Number**

**65-0186986**

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

**Arthur J Pegler**

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

**5045 SE Manatee Ter.**

Suite, Apt. #, Etc.

City

**STUART**

State

**FL**

Zip Code

**34997**

**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

**Arthur J Pegler**

Date

**9-21-08**

REGISTERED AGENT MUST SIGN

**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
P	Arthur J. Pegler	5045 SE Manatee Terrace	Stuart, FL 34997
VPS	Debra Pegler	5045 SE Manatee Terrace	Stuart FL, 34997

**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:

**Arthur J Pegler**

**ARTHUR J. Pegler**

**9-21-00**

Date

Daytime Phone #

**561-283-7153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

**Premier Pest And Lawn, Inc.**  
**5045 SE Manatee Terrace**  
**Stuart, FL 34997**  
**561-283-7153**

September 21, 2000

Department of State  
PO Box 6327  
Tallahassee, FL 32314

Att: Mr. Scott

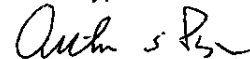
Mr. Scott,  
This letter is in reference to the telephone conversation of September 7, 2000. Premier Pest and lawn never received the incorporation forms for the year 1997.

I am requesting that all late fees be waived and that Premier Pest and Lawn be reinstated as a Florida corporation.

Please find a check for \$ 615.00 to cover the cost of reinstatement.

Thank you for your attention to this matter.

Sincerely,

  
Arthur J. Pegler