

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
and a Bureau of
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 2:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L70265

1. Corporation Name
EXTRA EXTERMINATORS, INC.

Principal Place of Business
 7972 SW 146 AVE
 11415 SW 43RD TERRACE
 MIAMI FL 33183
 US

Mailing Address
 7972 SW 46 AVE
 11415 SW 43RD TERRACE
 MIAMI FL 33183
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. Now Mailing Office Address, If Applicable
 SAME EXCEPT IS 146 AVE

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/02/1990**

5. FEI Number **65-0191503**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RODRIGUEZ, MIGUEL	7972 SW 146 AVE	MIAMI FL

300002349523--4
 -11/17/97--01144--021
 *****165.00 *****165.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL
 7972 SW 146 AVE
 MIAMI FL 33183

9. Name and Address of New Registered Agent

Name **Miguel Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable) **7972 SW 146 AVE**
 Suite, Apt. #, etc. **MIAMI, FL - 33183**
 City **MIAMI, FL** State **FL** Zip Code **33183**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Miguel Rodriguez* REGISTERED AGENT MUST SIGN **President** Date **10/29/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No **D/N/A** (See other side for information on intangible tax.)

12. 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: *Miguel Rodriguez* **President** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (8/97)

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EXTRA 
EXTERMINATORS
PEST CONTROL INC.
7972 SW 146 AVE
MIAMI, FL 33183

OCTOBER 29, 1997

DIVISION OF CORPORATION
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIRs:

PLEASE ACKNOWLEDGE THAT WE DID NOT RECEIVE THE 1st & 2nd
NOTICE FOR THE PAYMENT OF REINSTATEMENT OF THIS CORPORATION,
MAINLY IF YOU NOTICE OF APPLICATION FORM ADDRESS WAS WRONG.

THANK YOU FOR YOUR COOPERATION. ENCLOSED PLEASE SEE
CHECK FOR \$165.00 FOR REINSTATEMENT OF CORPORATION.

SINCERELY,


MIGUEL RODRIGUEZ
PRESIDENT

CC: file