L99000005429

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 23 PM 12:37

DOCUMENT # L99-5429

1. Limited Liability Company's Name
Archer Pest Control L.L.C.
9/29/00

2. Principal Office Address	**3.** Mailing Office Address
8049 Dosonte Lane	P.O. Box 150054
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers, FL	City & State: Cape Coral, FL
Zip: 33917 Country: Lee	Zip: 33915 Country: Lee

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8-29-99

6. FEI Number: 65-0946920 ☐ 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: WAYNE ROOS
Street Address (P.O. Box Number is Not Acceptable): 8051 DOSONTE LN
Suite, Apt. #, Etc.:
City: NORTH FORT MYERS State: FL Zip Code: 33917

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: Wayne Roos Date: 4-17-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	WAYNE ROOS	8049 Dosonte Lane	N. Ft. Myers, FL 33917
			900004193649--4
			-05/11/01--01003--015
			****200.00 ****200.00

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: Wayne Roos Date: 4-17-01 Daytime Phone #: 941 872-0946

Typed or printed name of signing Managing Member/Manager: WAYNE THOMAS ROOS