2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000009107

Entity Name: QUANTUM PEST MANAGEMENT, L.L.C.

FILED Sep 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3475 N US 1 UNIT B 4435 N INDIAN RIVER DRIVE

COCOA, FL 32922 COCOA, FL 32922

Current Mailing Address: New Mailing Address:

PO BOX 23666 4435 N INDIAN RIVER DR COCOA, FL 329236666 COCOA, FL 32927

FEI Number: 59-3614720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 WILLIS, GLENN
 WILLIS, GLENN

 3475 N US 1 UNIT B
 4435 INDIAN RIVER DRIVE

 COCOA, FL 32922 US
 COCOA, FL 32927 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLENN WILLIS 09/28/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 WILLIS, GLENN
 Name:
 WILLIS, GLENN

 Address:
 3475 N US 1 UNIT B
 Address:
 4435 N INDIAN RIVER DRIVE

 City-St-Zip:
 COCOA, FL 32922
 City-St-Zip:
 COCOA, FL 32927 BR

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 TRIPP, NORMAN D
 Name:

 Address:
 C/O 110 S.E. 6TH ST.
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLENN WILLIS MGRM 09/28/2005