

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L99000009107

Name and Mailing Address

0003182 01 AT 0.292 **AUTO T4 0 0615 32781-18466

QUANTUM PEST MANAGEMENT, L.L.C.

P.O. BOX 1846

TITUSVILLE FL 32781-1846

000024568530
11/10/03--01086--006 **150.00



2. New Mailing Address 1815 N. COCOA BLVD		4. State/Country of Formation FL	
City, State, Zip Cocoa FL 32922		5. Date Organized or Qualified To Do Business in Florida 12/22/1999	
Principal Place of Business 1815 N. COCOA AVE. COCOA FL 32927	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3614720	Applied For Not Applicable
8. Name and Address of Current Registered Agent WILLIS, GLENN 1815 N. COCOA AVE. COCOA FL 32927		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u><i>[Signature]</i></u> SIGNATURE REQUIRED Date <u>11/13/2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	WILLIS, GLENN	1815 N. COCOA AVE.	COCOA FL 32927
M	TRIPP, NORMAN D	C/O 110 S.E. 6TH ST.	FT. LAUDERDALE FL 33301

12. 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

SIGNATURE REQUIRED

Date

11/3/2003

Daytime Phone #

321-635-8840

Typed or printed name of signing Managing Member/Manager