PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 12 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72339

1. Corporation Name
PESTECHCON, INC.

REINSTATEMENT 96

800002001698--8

Principal Place of Business	Mailing Address
% PHILLIP C. GILDAN 1645 PALM BEACH LAKES BLVD., STGE. 1200 W. PALM BEACH FL 33401	% FRANKLIN COUNTY AIRPORT R.D. 2. BOX 279 SWANTON VT 05488

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
~~1201 HAYS STREET~~ ← CSC NETWORKS	
Suite, Apt. #, etc. 1201 HAYS STREET	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL	City & State
Zip 32301-2607 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/10/1988

5. FEI Number: 98-0083269 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
DP	ROULEAU, PIERRE	6 CARTIER	SUTTON PQ
			JBll-12-96

8. Name and Address of Current Registered Agent

GILDAN, PHILLIP C.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: CSC NETWORKS
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.: 3
City: TALLAHASSEE State: FL Zip Code: 32301-2607

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: SIGNATURE REQUIRED Date: 11-11-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (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: SIGNATURE REQUIRED 9-26-96 (514)538 6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

1201 Hays Street
Tallahassee, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8036

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 150716 42535A

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 383.75

ORDER DATE : November 11, 1996

ORDER TIME : 9:40 AM

ORDER NO. : 150716-005

CUSTOMER NO: 42535A

CUSTOMER: Mr. Peirre Rouleau
Altair, Inc.
Franklin County Airport
Road 2, Box 279
Swaton, VT 05488

DOMESTIC FILINGS

NAME: PESTECHCON, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS VLP 11-12-96

RECEIVED
96 NOV 12 AM 10:56
DIVISION OF CORPORATION