

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 DEC -3 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M72339**

1. Corporation Name

PESTECHCON, INC.

Principal Place of Business

**CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE FL 32301-2607**

Mailing Address

**% 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

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10477 E. WOOD DR.

City & State

City & State

SCOTTSDALE, AZ

Zip

Country

Zip

Country

85260

USA

5. FEI Number

98-0093269

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	ROULEAU, PIERRE	8 CARTIER 10477 E. WOOD DR.	SUTTON RD- SCOTTSDALE, AZ 85260

**800002366948--G
-12/09/97--01062--025
****750.00 ****750.00**

REINSTATEMENT

**(97)
G. Allen
12/3/97**

8. Name and Address of Current Registered Agent

**CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE FL 32301-2607**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Mareen R. Cullen
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Kim Kurlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-97 (602) 348-3624

Date

Daytime Phone #

CR2E040 (8/97)