

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAY 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008158 1. Entity Name THE FUMIGATION ADVISORY COUNSEL, INC.					
Principal Place of Business 100 SOUTH ORANGE AVENUE ORLANDO, FL 32802			Mailing Address 100 SOUTH ORANGE AVENUE ORLANDO, FL 32802		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1062529	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUFF, MARK H ESQUIRE 100 SOUTH ORANGE AVENUE ORLANDO, FL 32802				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ 5-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENSING, ROGER 1747 INDEPENDENCE BLVD., SUITE E-8 SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Al Bartlett 11301 NW 25th Street Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, KEN 7670 OKEECHOBEE BOULEVARD WEST PALM, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Erik Warren 1135 N Jefferson Avenue Sarasota, FL 34237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T RUFF, MARK H 100 SOUTH ORANGE AVENUE ORLANDO, FL 32802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900129773039 05/19/08--01002--023 **297.50 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMS, ELLEN 7257 N.W. 4TH BLVD., #20 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEREZ, RENATO 1460 N.W. 107TH AVE. UNIT 1 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Meahl PO Box 454 Crystal River, FL 34423 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); position: absolute; left: 50px; top: 50px;"> REINSTATEMENT 07-08 </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff Edwards 3900 SW 2nd Court Plantation, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 5-14-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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REINSTATEMENT**

THE FUMIGATION ADVISORY COUNSEL, INC.

DOCUMENT NO. N00000008158

EXHIBIT "A"

ADDITIONAL DIRECTORS AND OFFICERS

ADDITION #5

Title: Chairman
Name: Sean Brantley
Address: 6587 66th Avenue North
Pinellas Park, FL 33781

ADDITION #6

Title: Co-Chairman
Name: Bert Putterman
Address: 658 NW 99th Street
Miami, FL 33150