

Nov 13 02 12:30p

Gregory Hall

863-299-3248

P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002519

1. Corporation Name

AUTOMATIC BUG CONTROL SYSTEMS, INC.

Principal Place of Business

1495 SPRUCE ROAD
WINTER HAVEN FL 33880

Mailing Address

PO BOX 1109
EAGLE LAKE FL 33839-1109

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

01/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3617074

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

3

Street Address of Each
Officer and/or Director

City / State / Zip

D HALL, GREGORY D

1495 SPRUCE ROAD

WINTER HAVEN FL 33880

D HUGHES, LINDA A

1495 SPRUCE ROAD

WINTER HAVEN FL 33880

900008708908

10/30/02--01117--003 **158.75

JR 11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDERLIN, FRANK
1051 WINDERLY PLACE SUITE 101
MAITLAND FL 32751Name
SANDERLIN, FRANK
Street Address (P.O. Box Number is Not Acceptable)
1051 WINDERLY PLACE SUITE 100
Suite, Apt. #, Etc.
MAITLAND SUITE 100
City
MAITLAND
State Zip Code
FL 32751

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. or 817.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-24-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and 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)(b), 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:

Linda Hughes
President

October 23, 2002 863-293-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUTOMATIC BUG CONTROL SYSTEMS, INC.

October 23, 2002

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Today we received in the mail the notice of administrative dissolution or revocation. The two prior UBR notices stated to have been sent have not been received at the company mailing address prior to this date. We immediately contacted our CPA, Frank Sanderlin, and he stated the UBR notice was never received by his office which was probably due to an incorrect suite number in the address. His correct mailing address is:

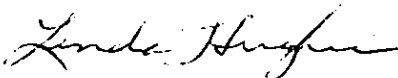
Frank Sanderlin
1051 Winderly Place Suite 100
Maitland, FL 32751

I ask that you reinstate Automatic Bug Control Systems, Inc. to active status and waive the penalty fee for reinstatement due to the fact that we and our CPA have not received notices of the UBR prior to this date.

Enclosed is a check in the amount of \$158.75, to cover the cost of a certificate of status and reinstatement fee.

Thank you for your timely attention to this matter.

Regards,



Linda Hughes
President