192

APPROVED AND FILED

05 APR 20 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE CO

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016734

1. Corporation Name

AMERICANA PEST MANAGEMENT COMPANY, INC.

REINSTATEMENT 03-05

MRD

2. Principal Office Address		3. Mailing Office Address	
7750 NW 40TH ST.		7750 NW 40TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVIE FL		City & State: HOLLYWOOD FL	
Zip: 33024	Country: USA	Zip: 33024-8408	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/11/2000

5. FEI Number: 650996673 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOSE L MONTALVO

Street Address (P.O. Box Number is Not Acceptable): 7750 NW 40TH ST.

400054667494
05/17/05--01027--005 **450.00

Suite, Apt. #, Etc.:

City: HOLLYWOOD — State: FL — Zip Code: 33024-8408

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jose L. Montalvo — Date: 04-05-2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	JOSE L MONTALVO	7750 NW 40TH ST.	DAVIE FL 33024

10. 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: Jose L. Montalvo — APRIL 12, 2005 — (954)437-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

DATE: Tuesday, April 05, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **JOSE L MONTALVO** 2003 AR
AMERICANA PEST MANAGEMENT COMPANY, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 877-437-8540.

THANKS,

X _____
JOSE L MONTALVO, PRESIDENT & SECRETARY
AMERICANA PEST MANAGEMENT COMPANY, INC.