

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000067820

FILED
Oct 13, 2009
Secretary of State

Entity Name: NORDIC PEST CONTROL PLUS, INC.

Current Principal Place of Business:

5675 ALBERT ROAD
WEST PALM BEACH, FL 33415

New Principal Place of Business:

11440 OKEECHOBEE BLVD
SUITE 210 B
ROYAL PALM BEACH, FL 33401

Current Mailing Address:

POB 542603
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 65-1039982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARDT, CHRIS
5675 ALBERT ROAD
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

CHARDT, CHRIS
475 AUTUMN TRAIL
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: CHRIS CHARDT

10/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHARDT, CHRIS
Address: 5675 ALBERT ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: MANNION, MARTIN J
Address: 149 BEDFORD F
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPAD () Delete
Name: CHARDT, PAULINE
Address: 5675 ALBERT ROAD
City-St-Zip: WEST PALM BEACH, FL 33415 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHARDT, CHRIS
Address: 475 AUTUMN TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAD (X) Change () Addition
Name: CHARDT, PAULINE
Address: 475 AUTUMN TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS CHARDT

P

10/13/2009

Electronic Signature of Signing Officer or Director

Date