

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000105319

**Entity Name:** A-Z PEST MANAGEMENT, INC.

**FILED**  
**May 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

10925 PARNU STREET  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

10925 PARNU STREET  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 59-3675720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAGLIARONE, EDWARD V  
10925 PARNU ST.  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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:** EDWARD V.FAGLIARONE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FAGLIARONE, EDWARD V  
**Address:** 10925 PARNU ST.  
**City-St-Zip:** NAPLES, FL 34109 US

**Title:** VICE  
**Name:** FAGLIARONE, LORI C  
**Address:** 10925 PARNU STREET  
**City-St-Zip:** NAPLES, FL 34109 US

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD V.FAGLIARONE

PRES

05/21/2013

Electronic Signature of Signing Officer or Director

Date