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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 24 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 000000113271

1. Corporation Name

All About Bugs & Critters Exterminating, Inc.

2. Principal Office Address

2501 W. MAIN ST.

Suite, Apt. #, etc.

Suite 101

City & State

Leesburg FL

Zip

34748

Country

LAKE

3. Mailing Office Address

2501 W. MAIN ST.

Suite, Apt. #, etc.

Suite 101

City & State

Leesburg FL

Zip

34748

Country

LAKE

REINSTATEMENT

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

12-05-2000

5. FEI Number

59-3685969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEONARD D HOGAN JR

Street Address (P.O. Box Number is Not Acceptable)

26738 Affirmed Drive

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

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

*[Signature]*

Date 1-20-05

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
PRES	LEONARD D HOGAN JR	26738 Affirmed DR	Wesley Chapel FL 33544
	"Same"		
	"Same"		

900045660239  
01/31/05--01017--003 \*\*450.00

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:

*[Signature]* LEONARD D HOGAN JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05 352-435-6111

Date

Daytime Phone #

CR2E081 (01/06)