

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 22 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000115576**

1. Corporation Name

JUST TERMITES INC

100004853561--0

-02/01/02--01053--026

****150.00 ****150.00

2. Principal Office Address

**Haim Deletis
6835 NW 29 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

6835 NW 29 AVE

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/01

5. FEI Number

65-1068426

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

Haim Deletis

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

6835 NW 29 AVE

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33309

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

Haim Deletis

REGISTERED AGENT MUST SIGN

Date **12/26/01**

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 Owner	Haim Deletis	6835 NW 29 AVE	Ft Lauderdale FL 33309

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:

Haim Deletis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/01

Daytime Phone #

954-957-8224

JUST TERMITES & PEST SERVICES

6835 NW 29 AVE
FT LAUDERDALE, FL 33309
U.S.A

Phone 954-957-8274 561-443-1250
Fax 954-984-0940

December 27, 2001

Just Termites Inc/ Haim Deletis
6835 nw 29 ave
fort laud fl 33309

TO: DEPARTMENT OF STATE

IM AM ASKING YOU TO WAIVE THE FEES TO REINSTATE ME.
I DIDNT GET THE NOTICE TO RENEW MY CORP.

Sincerely,



HAIM DELETIS
President