

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FORM  
REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008284

1. Corporation Name

ADVANCED PEST SERVICES, INC.

Principal Place of Business

PO BOX 3401  
WINTER PARK FL 32792-3401

Mailing Address

PO BOX 3401  
WINTER PARK FL 32792-3401



600009485746  
12/12/02--01034--013 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

J. T. CURTIN JR  
3500 Aloma Ave  
City & State  
Orlando, FL

3. New Mailing Office Address, If Applicable

P.O. Box 3401  
City & State  
W. P. FL

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2001

5. FEI Number

59-3695024

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	James T. Curtin	2813 SMU Blvd. Orlando, FL 32817	Orlando, FL 32817

8. Name and Address of Current Registered Agent

CURTIN, JIM  
3500 ALOMA AVE., STE G-3  
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name  
James T. Curtin  
Street Address (P.O. Box Number is Not Acceptable)  
2813 SMU Blvd  
City  
Orlando  
State  
FL  
Zip Code  
32817

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-29-02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-02

147 777 7120

11-29-02

To Whom it may Concern  
I James Curran - Advanced  
Pest Services - NEVER RECEIVED  
PRIOR NOTICE OF RENEWAL

FOR ADVANCED PEST SERVICES  
I DO WISH TO KEEP  
ADVANCED PEST IN GOOD STANDING  
AND AS A CORPORATION  
ENCLOSED IS YOUR FORM  
& FILING FEE AS REQUIRED

Sincerely

James Curran  
James F. Curran  
407-677-7120