

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000009780

**FILED**  
**Jul 14, 2008**  
**Secretary of State**

**Entity Name:** QUALITY PEST & TERMITE PREVENTION INC.

**Current Principal Place of Business:**

3434 BEAR BAY RD.  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

**Current Mailing Address:**

3434 BEAR BAY RD.  
MYAKKA CITY, FL 34251

**New Mailing Address:**

**FEI Number:** 65-1074572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, DALE H  
3434 BEAR BAY RD.  
MYAKKA CITY, FL 34251 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:** DALE PALMER

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: PALMER, DALE H  
Address: 3434 BEAR BAY RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: VP ( ) Delete  
Name: PALMER, CAROL A  
Address: 3434 BEAR BAY RD.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: S ( ) Delete  
Name: SHAPIRO, RHYS  
Address: 3434 BEAR BAY RD.  
City-St-Zip: MYAKKA CITY, FL 34251

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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:** DALE PALMER

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date