

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT #P01000010457

1. Corporation Name

Hawkeye Pest Control, Inc.

07 SEP 20 PM 9:00

FLORIDA STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

2. Principal Office Address - No P.O. Box #

5809 Jefferson Park Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5809 Jefferson Park Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33625

Country

U.S.

Zip

33625

Country

U.S.

7. Name and Address of Current Registered Agent

Name

MUNOZ, OBED I.

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

5809 Jefferson Park Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

OBED I. MUNOZ

Date

09/25/2007

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
PRESIDENT	MUNOZ, OBED I.	5809 Jefferson Park Dr	Tampa, FL 33625
TREASURER	MUNOZ, LISA C.	5809 Jefferson Park Dr.	Tampa, FL 33625

500110052335
09/28/07-01023-012 **308.75

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 contained in Chapter 119, 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:

OBED I. MUNOZ

09/25/2007

813-
962-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/25/2007

202
HAWKEYE
Pest Control, Inc.

"Dedicated to Total Customer Satisfaction"

Florida Dept. of State
Division of Corporations

To Whom it may concern -

We are applying for re-instatement without the re-instatement fee imposed due to not receiving notice. We moved and the forwarding address probably expired when last notice was mailed.

Please contact me @ 813-962-3008 or email HawkeyePest@aol.com if you have any questions or comments or need more information.

Thank you,

Obed I. Munoz, SPC
Obed I. Munoz, SPC

Obed I. Munoz, SPC
President- Hawkeye Pest Control