

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000010457

1. Corporation Name

Hawkeye Pest Control, Inc.

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

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] SR

REGISTERED AGENT MUST SIGN

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

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:

[Signature] SR OBED I MUNOZ SR

Date

09/25/2007

Daytime Phone #

813-962-3008

07 SEP 28 PM 5:00
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/29/2001

5. FEI Number

59-3696603

Applied For

☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required for a Certificate of Status**

☒ **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.**

09/25/2007

HAWKEYE

Pest Control, Inc.

"Dedicated to Total Customer Satisfaction"

2052

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,

Obd I. Munoz, Sr

Obd I Munoz, Sr
President - Hawkeye Pest Control