

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025956

1. Corporation Name

HANNAN PEST MANAGEMENT, INC.

Principal Place of Business

2870 SE EAGLE DR.
PORT ST. LUCIE FL 34984

Mailing Address

2870 SE EAGLE DR.
PORT ST. LUCIE FL 34984

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2001

5. FEI Number

65-1086520

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
D	HANNAN, JAMES J	2870 SE EAGLE DR.	PORT ST. LUCIE FL 34984
D	HANNAN, TRACIE L	2870 SE EAGLE DR.	PORT ST. LUCIE FL 34984

8. Name and Address of Current Registered Agent

HANNAN, JAMES J
2870 SE EAGLE DR.
PORT ST. LUCIE FL 34984

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2ED40 (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. 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

11/18/02

772-344-2847
Daytime Phone #

HANNAN PEST MANAGEMENT, INC.

P.O. Box 9192
Port St. Lucie, FL 34985
(888)426-6262
Fax: 772-344-7378

November 11, 2002

Ms. Milligan,

This letter is to inform the State of Florida that Hannan Pest Management, Inc. has not dissolved corporation. James Hannan President of Hannan Pest Management, Inc. filed for renewal in May of 2002 online with credit card. Later in approx. August I was contacted by a gentleman named Sammy that an error had occurred in system and payment was not received. I was told to resend payment. Payment is recent to the State of Florida. No notification had been sent until October 2002 stating that corporation has been dissolved. Upon contacting my bank payment had not been deposited, which possibly indicates that mail may have been lost or misplaced by Postal Service.

In closing of this letter I am asking The State of Florida to reinstate Corporation.

Sincerely,



James Hannan, Jr.
President

Hannan Pest Management, Inc.