

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 DEC -6 PM 12:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000062270**  
 1. Corporation Name  
**PDN-PEST MANAGEMENT CONSULTING, INC.**

Principal Place of Business <b>1255 MASON AVENUE DAYTONA BEACH FL 32117</b>	Mailing Address <b>1255 MASON AVENUE DAYTONA BEACH FL 32117</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <del>1226 HARBOUR POINT DR</del>	3. New Mailing Office Address, If Applicable <del>S.A.M.E</del>	4. Date Incorporated or Qualified To Do Business in Florida <b>06/22/2001</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3728070</b>
City & State <b>PORT ORANGE FL</b>	City & State	Applied For Not Applicable
Zip <b>32127</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)


Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 PD	2 NICHOLS, PHILIP R	3 1255 MASON AVENUE	4 DAYTONA BEACH FL 32117
ST	NICHOLS, MARY M	1255 MASON AVENUE	DAYTONA BEACH FL 32117

900008840739  
 11/06/02--01142--018 \*\*150.00

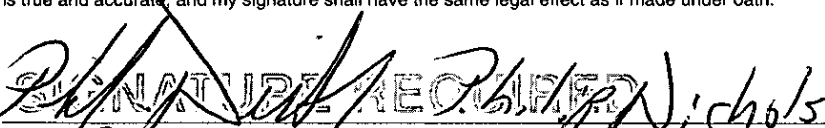
8. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent  
 Name  
**RICHARD K. CHURCHMAN, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1255 MASON AVENUE**  
 Suite, Apt. #, Etc.  
 City  
**DAYTONA BEACH** State **FL** Zip Code **32117**

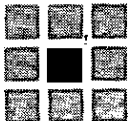
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date **11-25-02**

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** Nichols Date **10-31-02** Daytime Phone # **386-438-9442**

CR2E040 (8/02)



## **Richard K. Churchman, P.A.**

CERTIFIED PUBLIC ACCOUNTANT

1255 Mason Avenue • Daytona Beach, FL • 32117

(904) 257-1646 • FAX (904) 257-1648

E-mail - rkc@n-jcenter.com

MEMBER: AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER: FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

November 25, 2002

Division of Corporations  
Annual Report/Uniform Business Report Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: PDN Pest Management Consulting, Inc.  
Ref. Number: P01000062270  
1226 Harbour Point Drive  
Port Orange, Florida 32127

This letter is in reference to your letter dated November 12, 2002 (copy attached), pertaining to a late filing fee of \$400 for late filing of the profit annual report/uniform business report for the above named corporation..

The business did not receive the first notice report and was not aware of the requirement to file the above referenced annual report until the second notice was received. The company was a new corporation incorporated June 22, 2001 and never filed an annual report in the past.

Your abatement of the above the late filing penalty for reasonable cause would be greatly appreciated.

Enclosed is a signed Power of Attorney. I would appreciate a reply to this request. If you require any further information, please feel free to contact me.

Sincerely,

Richard K. Churchman  
Certified Public Accountant

Encl.

cc: PDN Pest Management Consulting, Inc.

# POWER OF ATTORNEY and Declaration of Representative

**PART I - POWER OF ATTORNEY**

**1. TAXPAYER INFORMATION** (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)  PDN PEST MANAGEMENT CONSULTING, INC 1226 HARBOUR POINT DRIVE PORT ORANGE FL 32127	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)  59-3728070	FLORIDA TAX REGISTRATION NUMBER   DAYTIME TELEPHONE NUMBER
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Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2. REPRESENTATIVE(S)** (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print) RICHARD K. CHURCHMAN, CPA 1255 MASON AVENUE DAYTONA BEACH, FLORIDA 32117	TELEPHONE NUMBER 386-257-1646  FAX NUMBER 386-257-1648
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER  FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER  FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

**3. TAX MATTERS**

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S)/PERIOD(S)/MATTER(S)
CORPORATION	CORPORATE ANNUAL REPORT	2001 & 2002

**4. ACTS AUTHORIZED**

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

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**5. RECEIPT OF REFUND**

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: \_\_\_\_\_

Re-print Taxpayer Name(s):

Taxpayer ID #

8TH  
PAGE 1

● Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

● Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box
- b. If you do not want any notices or communications sent to your representative, check this box
- c. If you want the second representative listed to receive such notices and communications, check this box
- d. If you want the third representative listed to receive such notices and communications, check this box

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matter's partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

*Philip N. Nichols*  
SIGNATURE

12-2-02  
DATE

PRESIDENT  
TITLE (if applicable)

PHILIP N. NICHOLS  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE (if applicable)

\_\_\_\_\_  
PRINT NAME

PART II - DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information.
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
  - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
  - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
  - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-B 005 and 28-100 106, Florida Administrative Code.)
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a-f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
b	FLORIDA	<i>Richard L. Chubb</i>	11-23-02

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