PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS.

DOCUMENT # P01000073265

1. Corporation Name

FUMIGATION DEPARTMENT, INC.

Para la co

Principal Place of Business

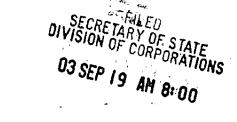
Mailing Address

6020 CR 675

BRADENTON FL 34202

6020 CR 675

BRADENTON FL 34202



If above a	addresses are incorrect in any way, line thr	ough incorrect in	nformation and	enter correction by	elow	REINS	FATENE	NT Da.	-03
			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/23/2001 MR			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number		Ar	pplied For
City & State City & State						6511	22043	3 No	ot Applicable
Zip	Country	_Zip		Country		6. CERTIFICATE O	F STATUS DESIRED L	for a Certifica	Fee required te of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit d	corporations must l	st at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors	• • •	3 ,	Street Address Officer and/or			Ci	ty / State / Zip	
DPCE	MORRIS, LESLIE		6020 CR 6	75		;	Bradenton FL 3	4202	}
DST	MORRIS, NANCY		6020 CR 6	75			BRADENTON FL 34	1202	
):				09/11/03	1022956 30185600	3596 4 **750.0)0
						99/19/03	022966 -01051010	596 *150.0)
				i de la companya de	ė	·			-
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
MORRIS, LESLIE					4 /5	P.O. Day Niverbasia	Mat A a a a table)		
6020 CR 675					Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34202				Suite, Apt	Suite, Apt. #, Etc.				
			City	City State Zip Code FL					
10. I, being Signature o	g appointed the registered agent of the abo	named corpo	ration, am fac	iliar with and accep	ot the al	bligations of Section	607.0505, F.S. or 61	7.0505, F.S.	

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 filling 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

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNAL OFFICER OF DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

9/1/05

Daytime Phone #