

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION,
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -6 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000081264**

1. Corporation Name

AMERITECH PEST CONTROL SERVICES INC.

WDB000008578

2. Principal Office Address

8192 COLLEGE PKWY.

Suite, Apt. #, etc.

15

City & State

FT. MYERS FL.

Zip

33915

Country

USA

3. Mailing Office Address

P.O. BOX 152451

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33915

Country

USA

800067939988

03/16/06--01003--018 **600.00

REINSTATEMENT

CR2E081 (8/05)

03-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-17-2001

5. FEI Number

65-1131639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

7. Name and Address of Current Registered Agent

Name

JOHN URAM JR.

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

635 S.E. 10TH AVE.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

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 of John Uram Jr.]

Date **2-16-06**

REGISTERED AGENT MUST SIGN

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	JOHN URAM JR.	635 S.E. 10TH AVE.	CAPE CORAL, FL. 33990
VIC PRESIDENT	MARTA E. URAM	635 S.E. 10TH AVE	CAPE CORAL, FL. 33990

TS 2/21/06
REINSTATEMENT 03-06

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature of John Uram Jr.]

Date

2-16-06

Daytime Phone #

239-437-7008

Dear State of Florida,

I am applying for my reinstatement for my corporation that was resolved in 2003. I didn't ²⁰⁰⁴ received my letter to apply for that year. Then Hurricane Charley hit my house and the following year Hurricane Wilma. Both of these Hurricanes affected my life and my business. I am sending the years I missed along with my 8.75 to you. Thank you for helping me with this.

John Unanue