2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000095652

Entity Name: GUMP PEST CONTROL, INC.

FILED Dec 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

4851 NW 103RD AVENUE 41

SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

4851 NW 103RD AVENUE 41 SUNRISE, FL 33351

FEI Number: 65-0996933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORREST, MARJORIE A
4851 NW 103RD AVENUE
3880 SHERIDAN STREET
STE 41
HOLLYWOOD, FL 33021 US
SUNRISE, FL 33351 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIGETTE A. DELUCIA 12/23/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DP (X) Change () Addition Name: FORREST, GERNETT Name: FORREST, GERNETT

 Address:
 4851 NW 103RD AVE STE 41.
 Address:
 4851 NW 103RD AVE STE 41.

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

Title: VD () Delete Title: () Change () Addition

 Title:
 VD () Delete
 Title:

 Name:
 FORREST, MARJORIE A
 Name:

 Address:
 4851 NW 103RD AVE STE 41.
 Address:

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERNETT FORREST DP 12/23/2004