


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 27 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114795		
1. Entity Name DAD'S PEST CONTROL, INC.		

Principal Place of Business POST OFFICE BOX 17963 WEST PALM BEACH, FL 33416	Mailing Address POST OFFICE BOX 17963 WEST PALM BEACH, FL 33416
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2. Principal Place of Business 16534 N.W. 282nd St Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2684 Suite, Apt. #, etc.
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City & State Okeechobee, FL	City & State Okeechobee, FL	4. FEI Number 80-0006728	Applied For <input type="checkbox"/> Not Applicable
Zip 34972	Country U.S.	Zip 34973	Country US

6. Name and Address of Current Registered Agent FRANKLIN, ELLIOTT A 2777 S. CONGRESS AVENUE LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DENNIS A POST OFFICE BOX 17963 WEST PALM BEACH, FL 33416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081304717 10/27/06--01058--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Dennis A Dunn</u>	DENNIS A DUNN	10-24-06	561-644-2950
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	Daytime Phone #

10131