
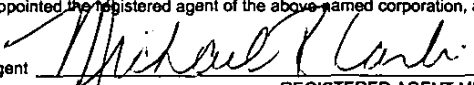
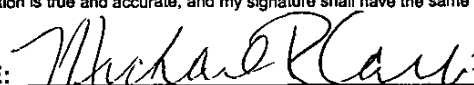


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1000416164			
1. Corporation Name Top Notch Pest Control Inc. of Tampa Bay			
2. Principal Office Address 231 Douglas Road E. Suite, Apt. #, etc. Suite #4 City & State Oldsmar Zip 34677		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 01/01/02	
		5. FEI Number 22-3849764	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Michael R. Carli			
Street Address (P.O. Box Number is Not Acceptable) 231 Douglas Rd. E. 200054218602			
Suite, Apt. #, Etc. Suite #4 05/10/05--01071--004 **1058.75			
City Oldsmar		State FL	Zip Code 34677
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 		Date 4/19/05	
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
Pres	Michael R. Carli	13119 Royal George Ave.	Odessa, FL 33556
VP/Tre	Mary L. Carli	13119 Royal George Ave.	Odessa, FL 33556
Sec.	Steven Rowland	2046 Plateau Rd.	Clearwater, FL 33755
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: 		Date 4/19/05	Daytime Phone # (913) 355-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/05)

FILED
05 APR 25 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA