

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -4 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000000776**

1. Corporation Name

T-N-T FIRE ANT SERVICES, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

HC 61 BOX 1053A
CLEWISTON FL 33440

HC 61 BOX 1053A
CLEWISTON FL 33440



200025218782
12/04/03 - 01013-003 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	RUDD, JERRY	HC 61 BOX 1053A 3445 CR 833	CLEWISTON FL 33440

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUDD, JERRY
HC 61 BOX 1053A
CLEWISTON FL 33440

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

11/05/03

REGISTERED AGENT MUST SIGN

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 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

Date

Daytime Phone #

11/5/03 863-983-5950

CR2E040 (7/03)



Fire Ant Services, Inc.

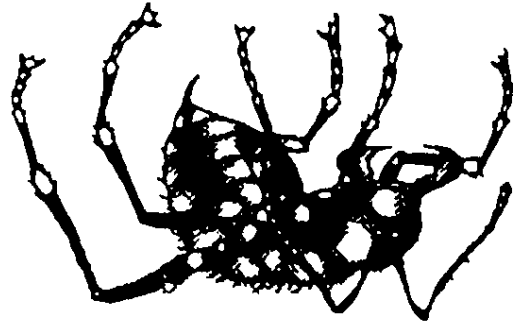
Lawn & Pest Control

3445 CR 833

Clewiston, FL 33440

(863) 983-5950 • Fax: (863) 983-2010

www.tntfireantsvc.com



To whom it may concern:

Rudy Dunlap ask me to write a letter stating that no forms were sent to us at TNT Fire ant Services, Inc.

We are asking you to wave our \$600.00 fee for the reinstatement of our incorporation.

We are sorry that our payment was late. But we really thought our Accounting Firm was paying this fee for us.

Our address is now correct on the letter we received from you. Please see to it our fee's next year are sent to the new address.

Thank you,

Jerry K Rudd