

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000017135

1. Corporation Name

ACTION PEST CONTROL OF PALM BEACH, INC.

Principal Place of Business

139 S.E. 11TH AVENUE
BOYNTON BEACH FL 33435

Mailing Address

139 S.E. 11TH AVENUE
BOYNTON BEACH FL 33435

REINSTATEMENT

FILED

03 NOV 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100024743681

11/17/03--01018--013 **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

02/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VILLE, TIMOTHY	1571 GRAND FERN AVENUE	WEST PALM BEACH FL 33415

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLE, TIMOTHY
1571 GRAND FERN AVENUE
WEST PALM BEACH FL 33415

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Timothy Ville

Date 11/17/03

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:

Timothy Ville

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/03 561 640-116

CR2040 (7/03)

11/7/03

TO WHOM THIS MAY CONCERN

IM WRITING YOU THIS STATEMENT AND
APOLOGIZE SENDING YOUR RENEWAL LATE.
ACTION PEST CONTROL NEVER RECEIVED ANY LETTER
OR NOTICE BY MAIL, ON THIS RENEWAL.

PLEASE WAIVE THE REINSTATEMENT BECAUSE
OF THIS MATTER, I THANK YOU SO MUCH AND
IF YOU HAVE ANY QUESTION PLEASE BE FREE
TO CALL ACTION PEST CONTROL.

THANK'S AGAIN

Jim Ullre

(561) 740-1161