

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 # P02000017259

1. Corporation Name

PREVAIL PEST CONTROL OF ORLANDO, INC.

Principal Place of Business

Mailing Address

5305 GARDEN LN.
TAMPA FL 33610

5305 GARDEN LN.
TAMPA FL 33610

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2002

5. FEI Number

04-360 5586

Applied For

Not Applicable

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	MELANSON, BRUCE	5305 GARDEN LN.	TAMPA FL 33610
D	GOBEL, SHANNON	5305 GARDEN LN.	TAMPA FL 33610
D	SHAW, CHRISTOPHER	5305 GARDEN LN.	TAMPA FL 33610

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOBEL, SHANNON
5305 GARDEN LN.
TAMPA FL 33610

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

Shannon Gobel
REGISTERED AGENT MUST SIGN

Date

Oct 13, 03

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:

Shannon Gobel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 13, 03

Daytime Phone #

2



October 13, 2003

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

813.621.7337
800.432.6547
Fax 663.0315
5305 Garden Lane
Tampa, FL 33610

PEST CONTROL

Ants
Bees
Fleas
Pigeons
Roaches
Rodents
Snakes
Spiders
Unique Concerns

TERMITES

Subterranean
Drywood
Formosan

Real Estate Inspections
Spot Treatments
Direct Treatments
Protection Programs

Re: Prevail! Pest Control of Orlando, Inc.

To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$150.00 and Form 2003 Uniform Business Report for the above referenced corporation.

Please be advised that the above referenced corporation never received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.

If you have any questions, please call me directly at (813) 671-7337.

Very Truly Yours,

A handwritten signature in cursive script, appearing to read "S. Gobel".

Shannon Gobel
Vice President



Associate Member

