

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W 060000 06419

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 PM 2:20

DOCUMENT # P02-18380

1. Corporation Name

American Post Management Services

2. Principal Office Address

12681 N.W. 9 Lane

Suite, Apt. #, etc.

House

City & State

Miami, FL

Zip

33182

Country

USA

3. Mailing Office Address

12681 N.W. 9 Lane

Suite, Apt. #, etc.

House

City & State

Miami, FL

Zip

33182

Country

U.S.A

REINSTATEMENT 04-06
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/2002

5. FEI Number

800119869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose Castro

100066687001

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

12681 N.W. 9 Lane

02/27/06--01013--011 **450.00

Suite, Apt. #, Etc.

House

City

Miami, FL

State

FL

Zip Code

33182

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

Jose Castro

REGISTERED AGENT MUST SIGN

Date

2/3/2006

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
owner	Jose Castro	12681 N.W. 9 Lane	Miami, FL 33182

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Castro

Date

2/3/2006

Daytime Phone #

786-488 5564
305-223-4673



February 15, 2006

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**SUBJECT: AMERICAN PEST MANAGEMENT SERVICES, INC.
REF. NUMBER: P02000018380
LETTER NUMBER: 906A00009587**

TO: JERRY BLANKENBAKER

**DEAR MR. BLANKENBAKER,
AS OUR CONVESATION OVER THE PHONE, OUR
COMPANY NEVER RECEIVED THE ANNUAL CARD RENEWAL FOR THE
CORPORATION
FOR 2004, 2005.**

**THANK YOU,
JOSE CASTRO**