

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 18 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024325**

1. Corporation Name

FUMIGATION CREW INC

2. Principal Office Address

4121 SW 47 AVE

Suite, Apt. #, etc.

SUITE 1309

City & State

DAVIE FL

Zip

33314

Country

3. Mailing Office Address

4121 SW 47 AVE

Suite, Apt. #, etc.

SUITE 1309

City & State

DAVIE FL

Zip

33314

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/02

5. FEI Number

01-0623696

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

ERIC DORSKY P.A.

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

7320 GRIFFIN RD

Suite, Apt. #, Etc.

220

City

DAVIE

State

FL

Zip Code

33314

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

REGISTERED AGENT MUST SIGN

Date

6/15/04

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
P	BILL FRAZER	4121 S.W 47 Ave Ste 1309	DAVIE FL 33314
V	BILL PRESUTTI	4121 SW 47 AVE Ste 1309	DAVIE FL 33314

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

954-327-1163

Daytime Phone #

CR2E081 (01/04)