

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 15 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000032792

1. Corporation Name

Bugs Rx Exterminators Inc.

2. Principal Office Address

3764 Cypress Lake Dr

Suite, Apt. #, etc.

City & State

Lake Worth, FLA

Zip

33467

Country

USA

3. Mailing Office Address

Same as

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3-26-2002

5. FEI Number

05-0566195

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

Adam Lara

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

3764 Cypress Lake Dr.

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33467

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

Adam Lara

REGISTERED AGENT MUST SIGN

Date

11-8-06

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	Adam Lara	3764 Cypress Lake Dr	Lake Worth, FL 33467
VP	Sherri Lara	3764 Cypress Lake Dr	Lake Worth, FL 33467

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 contained in Chapter 119, 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:

Adam Lara Adam Lara

11-8-06

561-543-1523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16

11-8-06

To Whom it May Concern:

I did not receive any forms or info for the year 2005. I would appreciate the late fees to be waived for my account and the reinstatement of my corporate status. I thank you for your help in this matter. I'm sending a check for 300.00 dollars and hope this covers everything.

Thanks again,

Adam Lava