

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016029

1. Entity Name
ATLANTIC PEST CONTROL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 17 AM 10:41

Principal Place of Business
4710 NW 4TH STREET
SUITE C
DELRAY BEACH, FL 33445

Mailing Address
4710 NW 4TH STREET
SUITE C
DELRAY BEACH, FL 33445

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102008 REIN-P CR2E098 (1/07)

4. FEI Number
42-1571602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARSKY, RICHARD
4710 NW 4TH STREET
SUITE C
DELRAY BEACH, FL 33445

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BARKY, RICHARD
4710 NW 4TH STREET, SUITE C
DELRAY BEACH, FL 33445

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TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Richard Barsky