

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000028671

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** INGHAM PEST CONTROL, INC.

**Current Principal Place of Business:**

5273 NE 17TH AVE.  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

5273 NE 17TH AVE.  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 76-0728220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGHAM, STEVE  
5273 N.E. 17TH AVE.  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** STEVE INGHAM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** INGHAM, TODD  
**Address:** 5273 NE 17TH AVE.  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** SD  
**Name:** INGHAM, STEVE  
**Address:** 5273 NE 17TH AVE.  
**City-St-Zip:** POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** STEVE INGHAM

SD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date