

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000030080

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** BAY AREA TERMITE & PEST CONTROL, INC.

**Current Principal Place of Business:**

32976 US 19, N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

32976 US 19, N  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 06-1682175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESTREPO, ALVARO  
201 S. OCCIDENT ST.  
TAMPA, FL 33609 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:** ALVARO RESTREPO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RESTREPO, ALVARO  
**Address:** 201 S. OCCIDENT ST.  
**City-St-Zip:** TAMPA, FL 33609

**Title:** STD  
**Name:** CHANDLER, CURT  
**Address:** 4937 EAGLE COVE N DR  
**City-St-Zip:** PALM HARBOR, FL 34685

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:** ALVARO RESTREPO

PRES

03/15/2011

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

\_\_\_\_\_  
Date