

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUN 17 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800131630118
06/24/08--01034--008 **450.00
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000039037

1. Corporation Name

#1 ROACH BUSTERS BUG KILLERS OF AMERICA

2. Principal Office Address - No P.O. Box #

13800 SW 8 STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33184

Country

USA

3. Mailing Office Address

P.O. BOX 941285

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33194

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/2003

5. FEI Number

32-0068287

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

JUAN A. LOPEZ

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

13800 SW 8 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 06/13/08

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	JUAN A LOPEZ	13800 SW 8 STREET	MIAMI, FL 33184
VP	JOHN A. LOPEZ	13800 SW 8 STREET	MIAMI, FL 33184

REINSTATEMENT
05-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/13/08

Date

800-761-2847

Daytime Phone #