PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 OCT 30 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000085495

1 Corporation Name

"Bugs" Burger Bug Killers, Inc.

900305115149
10/30/17--01005--004 **600.00
CR2E081 (11/10)

2 Principal Office Address - No P O Box #	3 Mailing Office Address
7601 E Treasure Dr	PO BOX 2863
Suite, Apt #, etc CU13	Suite, Apt #, etc
City & State North Bay Village, FL	City & State Miami Beach, FL
Zip / Country 33141 / USA	Zip / Country 33140 / USA

4. Date Incorporated or Qualified To Do Business in Florida
August 2003

5. FEI Number
05-0581169
☐ 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
Andrew Burger

Street Address (P.O. Box Number is Not Acceptable)
6103 Aqua Ave

Suite, Apt #, Etc.
#806

City: Miami Beach | State: FL | Zip Code: 33141

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 _____ Date 10/17/17

REGISTERED AGENT MUST SIGN

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
Pres	Andrew Burger	6103 Aqua Ave #806	Miami Beach, FL 33141

REINSTATEMENT
OCT 30 2017

10 E-mail Address: andy@bugsburger.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Andrew Burger 10/17/17 305-865-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #