

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000054531

**FILED**  
**Oct 04, 2005**  
**Secretary of State**

**Entity Name:** INTEGRATED PEST SOLUTIONS, CORP.

**Current Principal Place of Business:**

8370 SANDS POINT BLVD APT H104  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8370 SANDS POINT BLVD APT H104  
TAMARAC, FL 33321

**New Mailing Address:**

9100 NW 81 CT  
TAMARAC, FL 33321

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PESTANO, ANTOLIN  
7758 NW 44 ST  
SUNRISE, FL 33351 US

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

GODEK, ROBERT  
9100 NW 81 CT  
TAMARAC, FL 33321 US

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: ROBERT GODEK

10/04/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DO ( ) Delete  
Name: GODEK, ROBERT A  
Address: 8370 SANDS POINT BLVD APT H104  
City-St-Zip: TAMARAC, FL 33321

Title: V ( ) Delete  
Name: MIRANCE, DONNA L  
Address: 8370 SANDS POINT BLVD APT H104  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT GODEK

DO

10/04/2005

Electronic Signature of Signing Officer or Director

Date