

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000145147

FILED  
Aug 22, 2011  
Secretary of State

Entity Name: HOME SHIELD EXTERMINATING SERVICES, INC.

**Current Principal Place of Business:**

225 BENTWOOD CT  
F  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

20 SIMON DR  
DEBARY, FL 32713

**Current Mailing Address:**

225 BENTWOOD CT  
F  
ORANGE CITY, FL 32763

**New Mailing Address:**

20 SIMON DR  
DEBARY, FL 32713

FEI Number: 80-0133455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KICKLIGHTER, EVETTE  
225 BENTWOOD CT  
F  
ORANGE CITY, FL 32763 US

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

KICKLIGHTER, EVETTE  
20 SIMON DR  
DEBARY, FL 32713 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: EVETTE KICKLIGHTER

08/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: KICKLIGHTER, EVETTE  
Address: 20 SIMON DR  
City-St-Zip: DEBARY, FL 32713

Title: T/S  
Name: KICKLIGHTER, EVETTE  
Address: 20 SIMON DR  
City-St-Zip: DEBARY, FL 32713

Title: D  
Name: STOUT, SANDRA  
Address: 475 ALEXANDER AVE  
City-St-Zip: DELTONA, FL 32725

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: EVETTE KICKLIGHTER

PRES

08/22/2011

Electronic Signature of Signing Officer or Director

Date