

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 24 AM 11:25

DOCUMENT # **PO5000145497**

1. Corporation Name

Bullseye Termite & Pest Control, Inc.

300157699193
06/24/09--01045--006 **600.00

CR2E081 (12/08)

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

8558 Yearling Dr.

Suite, Apt. #, etc.

Box Port Richey

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Zip

34653

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

80-0133284

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

Donald M. McManus

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

580B N Indian Rocks Rd

Suite, Apt. #, Etc.

City

Belleair Bluffs, FL

State

FL

Zip Code

33770

☒ 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

Donald M. McManus

Date **5/12/09**

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	David Bailey	8558 Yearling Dr	New Port Richey, FL 34653

REINSTATEMENT 06-09

B. 6/2/09

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:

David Bailey

David Bailey

6-15-09

Date

727-639-7603

Daytime Phone #