

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000153738

FILED
Nov 08, 2007
Secretary of State

Entity Name: AMERIPEST SOLUTIONS, INC.

Current Principal Place of Business:

16880 GATOR RD.
FORT MYERS, FL 33912 US

Current Mailing Address:

PO BOX 150822
CAPE CORAL, FL 33915 US

New Principal Place of Business:

16880 GATOR RD.
214
FORT MYERS, FL 33912 US

New Mailing Address:

7600 ALICO RD
12-32
FORT MYERS, FL 33912 US

FEI Number: 20-8046687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAY, MELISSA A
138 MILWAUKEE BLVD
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

FAY, MELISSA A
7600 ALICO RD.
12-32
FORT MYERS, FL 33912 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: CHRISTOPHER FAY

11/08/2007

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: PVST () Delete
Name: FAY, MELISSA
Address: PO BOX 150822
City-St-Zip: CAPE CORAL, FL 33915 US

Title: D () Delete
Name: FAY, MELISSA
Address: PO BOX 150822
City-St-Zip: CAPE CORAL, FL 33915 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: FAY, MELISSA
Address: 7600 ALICO RD.
City-St-Zip: FORT MYERS, FL 33912 US

Title: D (X) Change () Addition
Name: FAY, MELISSA
Address: 7600 ALICO RD.
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTOPHER FAY

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11/08/2007

Electronic Signature of Signing Officer or Director

Date