

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000063824

**FILED**  
**Jul 31, 2013**  
**Secretary of State**

**Entity Name:** IF IT BUGS YOU - DO IT YOURSELF PEST CONTROL & LAWN PRODUCTS INC

**Current Principal Place of Business:**

4300 W LAKE MARY BLVD  
SUITE 1070  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

4300 W LAKE MARY BLVD  
SUITE 1070  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 27-0632030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHIPLEY, RUTH A  
4300 W LAKE MARY BLVD  
SUITE 1070  
LAKE MARY, FL 32746 US

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

HAIRE, MELANIE S  
4300 W LAKE MARY BLVD  
SUITE 1070  
LAKE MARY, FL 32746 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: MELANIE S HAIRE

07/31/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANNEY, GARY L  
Address: 6253 BORDEAUX CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: VP  
Name: HAIRE, MELANIE  
Address: 4300 W. LAKE MARY BLVD SUITE 1070  
City-St-Zip: LAKE MARY, FL 32746

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: MELANIE HAIRE

VP

07/31/2013

Electronic Signature of Signing Officer or Director

Date