

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000055601

**FILED**  
**May 21, 2014**  
**Secretary of State**

**Entity Name:** AMCO PEST SERVICES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4033 SW 96 AVENUE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

4033 SW 96 AVENUE  
MIAMI, FL 33165

**New Mailing Address:**

61 DEANS LANE  
MONMOUTH JUNCTION, NJ 08852

**FEI Number:** 45-2704451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASO, GEORGE JOSEPH  
801 BRICKELL BAY DRIVE  
#1565  
MIAMI, FL 33131 US

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

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:** GEORGE JOSEPH CASO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CASO, GEORGE JOSEPH  
**Address:** 801 BRICKELL BAY DRIVE, #1565  
**City-St-Zip:** MIAMI, FL 33131

**Title:** S  
**Name:** BRAVO, ANN MARIE  
**Address:** 905 BRICKELL BAY DRIVE, #1725  
**City-St-Zip:** MIAMI, FL 33131

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:** GEORGE JOSEPH CASO

PRES

05/21/2014

Electronic Signature of Signing Officer or Director

Date