

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000013231

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** FIREMAN TERMITE AND PEST CONTROL OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1308 W GARDEN  
SUITE A  
GULF BREEZE, FL 32562

**New Principal Place of Business:**

1308 W GARDEN ST  
SUITE A  
PENSACOLA, FL 32502

**Current Mailing Address:**

1308 W GARDEN  
SUITE A  
GULF BREEZE, FL 32562

**New Mailing Address:**

PO BOX 452  
GULF BREEZE, FL 32562

**FEI Number:** 59-3168341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, GAIL  
1308 W GARDEN ST  
PENSACOLA, FL 32502 US

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

THOMPSON, GAIL  
1308 W GARDEN ST  
SUITE A  
PENSACOLA, FL 32502 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: GAIL THOMPSON

10/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMPSON, GAIL  
Address: 115 W STRONG ST  
City-St-Zip: PENSACOLA, FL 32501

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: GAIL THOMPSON

D

10/01/2010

Electronic Signature of Signing Officer or Director

Date