

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 17 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600115396446
01/17/08--01030--015 **600.00

CR2E081 (12/07)

DOCUMENT # P93000043891

1. Corporation Name

Pest Control Depot, Inc. of Panama City

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

1405 W. 15th Street

Suite, Apt. #, etc.

G

City & State

Panama City FL

Zip

32401

Country

United States

3. Mailing Office Address

1405 W. 15th Street

Suite, Apt. #, etc.

G

City & State

Panama City FL

Zip

32401

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/22/1993

5. FEI Number

593142379

☐ 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

Wendell W. Campbell

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

1405 W. 15th Street

Suite, Apt. #, Etc.

G

City

Panama City

State

FL

Zip Code

32401



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**

Wendell W. Campbell
REGISTERED AGENT MUST SIGN

Date 1-15-08

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
P	Wendell W. Campbell	1200 Lisenby Ave.	Panama City FL 32401

REINSTATEMENT

05-08

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:

Wendell W. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 785-8304