

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 PH 4:22

DOCUMENT # P94000002592

1. Corporation Name

FLORIDA PESTMASTERS, INC.

Principal Place of Business

Mailing Address

~~2822 FORSYTH RD~~
SUITE 101
WINTER PARK FL 32792
US

~~2822 FORSYTH RD~~
~~SUITE 101~~
WINTER PARK FL 32792
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2822 FORSYTH RD

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2842 Forsyth Rd

Suite, Apt. #, etc.

SUITE 504

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1994

5. FEI Number

59-3222935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RANDOLPH, SAMUEL T JR.	1449 CHIPPEWA LN	GENEVA FL 32732

000023748330
10/13/03 01057 022 **750.00

8. Name and Address of Current Registered Agent

SAMUEL T. RANDOLPH , JR
1449 CHIPPEWA LN
GENEVA FL 32732

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

(321) 231-6880

Daytime Phone #

CR20040 (7/03)