

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 23 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008927**

1. Corporation Name
Earth's Best Pest Management, Inc.

REINSTATEMENT 95-01

2. Principal Office Address

4815 Alcea St

Suite, Apt. #, etc.

New Port Richey

City & State

FL

Zip

34652

Country

USA

3. Mailing Office Address

4815 Alcea St

Suite, Apt. #, etc.

Ditto

City & State

New Port Richey FL

Zip

FL 34652

Country

USA

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-05/29/01--01142--014

*****1650.00 ***1650.00**

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/94

5. FEI Number

59-321867

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

William Ezzo

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

4815 Alcea St.

Suite, Apt. #, Etc.

City

New Port Richey FL

State

FL

Zip Code

34652

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

William Ezzo
REGISTERED AGENT MUST SIGN

Date

1/9/01

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
President	Sharon Ezzo	4815 Alcea Street	New Port Richey, FL 34652
Vice President	William Ezzo	4815 Alcea Street	New Port Richey, FL 34652

S. PAYNE MAY 25 2001

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 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:

William Ezzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/01

Daytime Phone #

(727) 547-0720