

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027930

1. Corporation Name

ONCE A YEAR TERMITE & PEST CONTROL, INC.

2. Principal Office Address

1732 NE 25th AVE

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

USA

3. Mailing Office Address

1732 NE 25th AVE

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

USA

REINSTATEMENT 97-83

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/94

5. FEI Number

59-3237197

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

SMITH, KENNETH W.

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

1201 SW 26th ST

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
PRES.	SMITH, KENNETH W	1201 SW 26 th ST	Ocala / FL / 34474
VICE PRES	SMITH, KIM	1201 SW 26 th ST	Ocala / FL / 34474

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

ONCE A YEAR
TERMITE AND PEST CONTROL, INC.
1732 NE 25TH AVENUE
OCALA, FLORIDA 34470
352-622-1778
800-815-1410

November 12, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Upon calling to verify the correct procedure for reinstatement of our corporation, we learned that the notice for renewal was returned to your office as undeliverable. We were told that we could request a waiver of the renewal fee reducing the amount due from \$1650.00 to \$1065.00. We do request that waiver.

Enclosed with this letter is the Corporation Reinstatement form and check in the amount of \$1065.00.

Sincerely,



Kenny Smith
Owner

KS/tc