PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DOCUMENT # P94000033901 1. Corporation Name AMBUSH & ATTACK PEST CONTROL, INC. Principal Place of Business Mailing Address 4499 TWIN OAKS DRIVE 4499 TWIN OAKS DRIVE PENSACOLA, FL 32506 PENSACOLA, FL 32506 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 05/02/94 Suite, Apl. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3256011 Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must fist at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip P DIAMOND, WENDY 4499 TWIN OAKS DRIVE PENSACOLA, FL 32506 VP DIAMOND, TIMOTHY 4499 TWIN OAKS DRIVE PENSACOLA, FL 32506 \$\$\$\$\$\$\$<u>#</u>9 -07/10/98--01048--nns ****323.75 ****323.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name WENDY DIAMOND 4499 TWIN OAKS DRIVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32506 Suite, Apt. #, Etc. City State 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. Yes L 12. 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. ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

APRIL 29, 1998

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FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS ANNUAL REPORTS SECTION PO BOX 1500 TALLAHASSEE, FL 32302-1500

AMBUSH & ATTACK PEST CONTROL, INC. 4499 TWIN OAKS DRIVE, PENSACOLA, FL 32506 1997 & 1998 ANNUAL REPORT FEES DOCUMENT # P94000033901 (7)

TO WHOM IT MAY CONCERN:

INCLUDED WITH THIS LETTER IS A COPY OF MY 1997 ANNUAL REPORT WITH THE CHECK COPY SENT LAST YEAR. I HAVE ALSO INCLUDED COPIES OF MY BANK STATEMENT AND CHECK REGISTER.

I HAVE FILED OUR ANNUAL REPORT PROMPTLY EACH YEAR SINCE INCEPTION. APPARENTLY MY ACCOUNTANT (NOW EX-ACCOUNTANT) DID NOT BALANCE OUR BOOKS PROPERLY LAST YEAR. I HAVE EXTENSIVELY RESEARCHED OUR RECORDS UPON RECEIPT OF THEM BACK FROM OUR FORMER ACCOUNTANT THIS MONTH, AND I CANNOT FIND ANY RECORD OF YOUR OFFICE PRESENTING OUR CHECK FOR PAYMENT.

OUR CORPORATION IS A VERY SMALL PEST CONTROL/TERMITE COMPANY AND I BELIEVED THAT WE HAD FOLLOWED ALL THE RULES EACH YEAR WITH THE STATE OF FLORIDA AND IRS AND THE DEPARTMENT OF AGRI-CULTURE AND KEEPING THE PROPER TRUCK & LIABILITY INSURANCE.

I WOULD LIKE TO BEG YOU TO WAIVE ANY FEES THIS OVERSIGHT MAY CAUSE AND ACCEPT THE ENCLOSED CHECK FOR \$347.50 FOR 1997 AND 1998 FILING FEES. I WILL BE MORE THAN HAPPY TO COMPLETE ANY ADDITIONAL FORMS NECESSARY TO HELP US.

ALTHOUGH WE ARE GOING INTO OU FIFTH (5TH) YEAR OF BUSINESS, WE ARE STRUGGLING TO HOLD ON BECAUSE THE HURRICANES WE EXPERIENCED 1 1/2 YEARS AGO.

PLEASE HELP.

SINCERELY,

WENDY DIAMOND

Wendy Wiamond

PRESIDENT

CC: FILE