

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P940Q0054691

1. Entity Name
JERICHO PEST CONTROL, INC.



Principal Place of Business

~~4100 SW 100 TERRACE~~
DAVIE, FL 33328

Mailing Address

~~4100 SW 100 TERRACE~~
DAVIE, FL 33328

2. Principal Place of Business

5138 SW 122nd Terrace
Suite, Apt. #, etc.
Cooper City FL
City & State

3. Mailing Address

5138 SW 122nd Terrace
Suite, Apt. #, etc.
Cooper City FL
City & State

Zip

33328

Country

USA

Zip

33328

Country

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004

REIN-P

CR2E098 (6/04)

4. FEI Number
65-0504668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, VICTOR G
~~4100 SW 100 TERRACE~~
DAVIE, FL 33328
5138 SW 122nd Terrace
Cooper City, FL 33328

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Victor Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, VICTOR G	
STREET ADDRESS	4100 SW 100 TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DEBRA S	
STREET ADDRESS	4100 SW 100 TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Miller, Victor G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5138 SW 122nd Terrace	
STREET ADDRESS	COOPER CITY, FL 33328	
CITY-ST-ZIP		
TITLE	12/01/04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300043096443	
STREET ADDRESS	12/01/04--01023--001	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #