

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 28 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000063130

1. Corporation Name

A BETTER WAY PEST AND TERMITE CONTROL INC.

Principal Place of Business

5733 DOONESBURY WAY  
TALLAHASSEE FL 32303  
US

Mailing Address

5733 DOONESBURY WAY  
TALLAHASSEE FL 32303  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1994

5. FEI Number

59-3263169

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MCCARTY, MICHAEL F.	5733 DOONESBURY WAY	TALLAHASSEE FL
V	MCCARTY, LAUREL J	5733 DOONESBURY WAY	TALLAHASSEE FL
T	MCCARTY, LAUREL S.	5733 DOONESBURY WAY	TALLAHASSEE FL
S	MCCARTY, LAUREL	5733 DOONESBURY WAY	TALLAHASSEE FL

300002333023--3

-10/29/97--01103--010

\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

MCCARTY, MICHAEL F.  
5733 DOONESBURY WAY  
TALLAHASSEE FL 32303

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.

Signature of  
Registered Agent

*Michael F. McCarty*  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

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.

SIGNATURE:

*Laurel J. McCarty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/28/1997 562-827*  
Date Daytime Phone #

CR2E040 (9/97)

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FLORIDA DEPARTMENT OF STATE  
Sandra J. Morris  
Secretary of State  
DIVISION OF CORPORATIONS

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Registered Agent

*Signature of Michael F. McCarty*  
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*Signature of Laurel J. McCarty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/1997 562-827

Daytime Phone #

CR2E040 (8/97)