

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 15 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063788

1. Corporation Name

ALLSTAR PROFESSIONAL TERMITE & PEST CONTROL, INC.

Principal Place of Business
12520 PALM BEACH BLVD
FORT MYERS, FL 33905
USA

Mailing Address
12520 PALM BEACH BLVD
FORT MYERS, FL 33905

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/26/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0521801	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	BENNETT, ROBERT W.	41120 LITTLE FARM ROAD	PUNTA GORDA, FL 33955
DVS	BENNETT, PAMELA M.	41120 LITTLE FARM ROAD	PUNTA GORDA, FL 33955

200003274852-5
-06/02/00--01059--001
****900.00 ****988.00

8. Name and Address of Current Registered Agent

BENNETT, PAMELA M.
560 PINE ISLAND ROAD, SUITE 6
NORTH FORT MYERS, FL 33903

9. Name and Address of New Registered Agent

Name
BENNETT, PAMELA M.
Street Address (P.O. Box Number is Not Acceptable)
12520 PALM BEACH BLVD
Suite, Apt. #, Etc.
City
FORT MYERS
State
FL
Zip Code
33905

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 Pamela M. Bennett
REGISTERED AGENT MUST SIGN

Date 26 APRIL 2000

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 name 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 Robert W. Bennett ROBERT W. BENNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00 941-690-2500
Date Daytime Phone #