

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092771

1. Corporation Name

SUPER PEST CONTROL, INC.

Principal Place of Business

Mailing Address

~~9880 S.W. 73RD STREET~~  
~~MIAMI FL 33173~~

~~9880 S.W. 73RD STREET~~  
~~MIAMI FL 33173~~



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

2. New Principal Office Address, If Applicable

7503 NW 8 St.

3. New Mailing Office Address, If Applicable

7503 NW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1994

5. FEI Number

65-0547979

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 3	City / State / Zip 4
D	RODRIGUEZ, DANIEL R	9880 S.W. 73RD ST.	MIAMI FL 33173

100008701871  
10/30/02--01084--024 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, DANIEL R  
9880 S.W. 73RD ST.  
MIAMI FL 33173

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/92  
Date

305-264-7070  
Daytime Phone #

CR2E040 (8/02)

# **SUPER PEST CONTROL, INC.**

**7503 N.W. 8 ST. / MIAMI, FL 33126**

**TEL. (305) 264-7070 / FAX (305) 264-7013**

October 23, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement

Dear Sir,

Please be advised, that we moved our business location this year. We did not receive any notice to renew the corporation.

I am filling out the application with the new information for this corporation.

If there are any further questions do not hesitate to call (305) 264-7070

Thank You,

A handwritten signature in black ink, appearing to read "Daniel R. Rodriguez", with a stylized flourish at the end.

Daniel R. Rodriguez, President  
Super Pest Control, Inc.