

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001533

1. Corporation Name

TODD'S SPRAY SERVICE, INC.

Principal Place of Business

318 E. DAKIN
APT. 8
KISSIMMEE FL 34741

Mailing Address

318 E. DAKIN
APT. 8
KISSIMMEE FL 34741

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.
4441 Kissimmee Park Rd
City & State
St. Cloud, FL
Zip
34772 Country
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 701197
City & State
St. Cloud, FL
Zip
34772 Country
US

4. Date Incorporated or Qualified To Do Business in Florida

01/05/1995

SP

5. FEI Number

59-3293107

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PETERS, TODD M	318 E. DAKIN, APT. 8	KISSIMMEE FL 34741
P/D	Peters, Todd M	4441 Kissimmee Park Rd	St. Cloud FL 34772
S	Peters, Amy L	4441 Kissimmee Park Rd	St. Cloud FL 34772

700003533697--6
-01/11/01-01103-013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PETERS, TODD M
318 E. DAKIN, APT. 8
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4441 Kissimmee Park Rd.

Suite, Apt. #, Etc.

St. Cloud

City

State

FL

Zip Code

34772

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

Todd Peters
REGISTERED AGENT MUST SIGN

Date 11/27/00

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:

Todd Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00
Date

Daytime Phone #

CR2040 (2/00)