

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

96 DEC 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000019900

1 Corporation Name

CAMERON/FRANCK PEST CONTROL, INC.

Principal Place of Business

214 W. SEAVIEW DR.
DUCK KEY
MARATHON FL 33050

Mailing Address

214 W. SEAVIEW DR.
DUCK KEY
MARATHON FL 33050

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

03/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

650 560353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for 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
D	FRANCK, MICHELLE	214 W. SEAVIEW DR., DUCK KEY	MARATHON FL 33050
D	FRANCK, BRUCE	214 W. SEAVIEW DR., DUCK KEY	MARATHON FL 33050

600002045996--6
-01/03/97--01179--012
****375.00 ****375.00

8. Name and Address of Current Registered Agent

MILLER, ROBERT K
2875 OVERSEAS HWY
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name Michelle Franck
Street Address (P.O. Box Number is Not Acceptable)
214 W Seaview Dr.
Suite, Apt. #, Etc.
City Duck Key State FL Zip Code 33050

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

Michelle Franck REGISTERED AGENT MUST SIGN

Date 10/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Michelle Franck SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/96 Date

305-743-4048 Daytime Phone #