

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -8 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000027466

## 1. Corporation Name

A Pest Express, Inc.

## 2. Principal Office Address

4484 31 Pl. S.W.

Suite, Apt. #, etc.

## 3. Mailing Office Address

4001 Santa Barbara Blvd.

Suite, Apt. #, etc.

## City &amp; State

Naples, FL.

## Zip

34116

## Country

USA

## City &amp; State

Naples, FL.

## Zip

34104

## Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

4-3-95

## 5. FEI Number

65-0559251

## Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

## Name

Michael A. Buiello Jr. Esquire

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

1025 Fifth Ave. N.

## Suite, Apt. #, Etc.

## City

Naples

## State

FL

## Zip Code

34102

## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

## Date

04/03/00

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Debra L. Gogan	4484 31 Pl. S.W.	Naples, FL. 34116

700003243387--5

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Date

04/03/00

## Daytime Phone #

(941) 455-5822

KE

20F2



ACCOUNT NO. : 072100000032

REFERENCE : 689609 81014A

AUTHORIZATION :

COST LIMIT : \$ 1058.75

*Patricia Pizot*

ORDER DATE : May 8, 2000

ORDER TIME : 2:43 PM

ORDER NO. : 689609-005

CUSTOMER NO: 81014A

CUSTOMER: Dawn Kessel, Legal Assistant  
Jacob E. Colgrove, Esquire  
1570 Shadowlawn Drive

Naples, FL 33942

DOMESTIC FILINGS

NAME: A PEST EXPRESS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS **KE**

RECEIVED  
00 MAY - 8 PM 3-26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA