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 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028262

1. Corporation Name

URBAN PEST SERVICES, INC.

Principal Place of Business	Mailing Address
~~4810 ENTERPRISE~~ AVE ~~SUITE 2~~ ~~NAPLES FL 33942~~	~~4810 ENTERPRISE~~ AVE ~~SUITE 2~~ ~~NAPLES FL 33942~~

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
Suite, Apt. #, etc.: 2380 PINE STREET	Suite, Apt. #, etc.: POST OFFICE BOX 7966
City & State: NAPLES, FL.	City & State: NAPLES, FL.
Zip: 34112 Country: USA	Zip: 34101 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/10/1995

5. FEI Number: 65-0573292 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certified Copy

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	GEDVILLAS, STANTON W	~~4810 ENTERPRISE AVE SUITE 2~~ 2555 BECCA AVE.	NAPLES FL ~~33942~~ 34112
SECTREA.	BEN F. JONES	694 COMMERCIAL ~~BLVD~~ BLVD	NAPLES FL. 34104
			900002046359--3 -01/06/97--01011--019 ****375.00 ****375.00
			12/30/96
		REINSTATEMENT 96	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~AMERILAWYER~~ ~~343 ALMERIA AVE~~ ~~CORAL GABLES FL 33134~~	Name: STANTON W. GEDVILLAS Street Address (P.O. Box Number is Not Acceptable): 2555 BECCA AVENUE Suite, Apt. #, Etc.: City: NAPLES State: FL Zip Code: 34112

CR2E040 (7/96)

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: Stanton W. Gedvillas (REQUIRED) Date: 12/26/96
REGISTERED AGENT MUST SIGN

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: Stanton W. Gedvillas STANTON W. GEDVILLAS 12/26/96 (941) 793-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064601 AP