

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063394

1. Corporation Name

RID-ALL PEST CONTROL SERVICES INCORPORATED

Principal Place of Business

906 S.E. DIXIE HWY.
STUART FL 34994

Mailing Address

906 S.E. DIXIE HWY.
STUART FL 34994

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
P	WALSH, PATRICK	1748 CRANE CREEK CIRCLE	PALM CITY FL 34990

8. Name and Address of Current Registered Agent

WALSH, PATRICK
906 S.E. DIXIE HWY.
STUART FL 34994

9. Name and Address of New Registered Agent

Name
WAISH, Patrick
Street Address (P.O. Box Number is Not Acceptable)
1025 MARTIN DOWNS BLVD
Suite, Apt. #, Etc.
103
City
Palm City
State
FL
Zip Code
34990

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 APR 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

96-95



4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1995

5. FEI Number

65-0608059

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

200002169512--5

05/07/97 01065 010

***923.75 ***923.75

CPRE040 (7/96)

4-28-97 (50) 223-223