

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV -7 PH 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077187**

1. Corporation Name

**BUGS R US PEST CONTROL, INC.**

Principal Place of Business

Mailing Address

10800 WINDING CREEK LANE  
BOCA RATON FL 33428

10800 WINDING CREEK LANE  
BOCA RATON FL 33428



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2500 SE MIDWAY RD

Suite, Apt. #, etc.

Suite # 184

City & State

Port St Lucie FL

Zip

34952

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1995

5. FEI Number

65-0613205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
PTD	TURNER, LINDA A	10800 WINDING CREEK LANE	BOCA RATON FL 33428
VSD	TURNER, GREGORY L	10800 WINDING CREEK LANE	BOCA RATON FL 33428
			300002003973-8 -117/14/96--01009--008 ***383.75 ***383.75

**REINSTATEMENT** 1996  
P. Allen  
H-796

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

LINDA A TURNER

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

10960 WINDING CREEK LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

Linda A. Turner **SIGNATURE REQUIRED**

Date 10/28/96

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: Linda A. Turner **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA A. TURNER

Date 10/28/96

Daytime Phone # 561-335-9629