

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

98 MAR 19 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079026

1. Corporation Name

Robinson Pest Control Inc.

Principal Place of Business

6654 St. Rd. 544
Haines City, Fl.
33844

Mailing Address

P.O. Box 216
Haines City, Fl.
33845

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

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 6, 1995

5. FEI Number

593337183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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	D. Randall Robinson	34 Cypress Run Haines City, Fl. 33844	Haines City, Fl. 33844
S	Gwendolyn L. Barlow	2852 W. LK. Hamilton Drive Haines City, Fl. 33844	Haines City, Fl. 33844

REINSTATEMENT 90-98

G. Barlow
3/19/98

8. Name and Address of Current Registered Agent

D. Randall Robinson
34 Cypress Run
Haines City, Fl. 33844

9. Name and Address of New Registered Agent

Name

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

200002467322--B

Suite, Apt. #, Etc.

-03/24/98--01106--015

City

***1058

State

FL ***1058.75

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

[Signature of D. Randall Robinson]

REGISTERED AGENT MUST SIGN

Date

3/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

D. Randall Robinson

3/16/98

Date

Daytime Phone #

941-422-3062