

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-98
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # P96000079026

98 MAR 19 PM 2:43

1. Corporation Name

Robinson Pest Control Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Oct 6, 1995	
City & State		City & State		5. FEI Number	
Zip		Country		593337183	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
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	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

REINSTATEMENT 96-98
A. Barlow
3/19/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
D. Randall Robinson 34 Cypress Run Haines City, Fl. 33844		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		200002467322--B	
		Suite, Apt. #, Etc.	
		-03/24/98--01106--015	
		City	
		***1058 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: Date: 3/16/98

REGISTERED AGENT MUST SIGN

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: D. Randall Robinson
3/16/98 941-422-3062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E046 (1/98)