

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 JUN -3 AM 9:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094454**

1. Corporation Name

ABSOLUTE PEST CONTROL, INC.

Principal Place of Business

Mailing Address

74 BANYAN RD
 NAPLES FL 34108
 US

P.O. BOX 770565
 NAPLES FL 34107-0565
 US



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

12/13/1995

Suite, Apt. #, etc.
1525 Curlew Ave. #5

Suite, Apt. #, etc.

5. FEI Number

65-0629713

Applied For

Not Applicable

City & State
Naples, FL.

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip **34102** Country **USA**

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	4 City / State / Zip
PD	KENNY, DAVID M	74 BANYAN RD	NAPLES FL
PD	Kenny, David M	1525 Curlew Ave. #5	Naples, FL. 201.25 - ARC
			10.00 - AR ARTS
			88.75 - AR SUPP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNY, DAVID M

~~74 BANYAN RD~~ **1525 Curlew Ave. #5**
~~NAPLES, FL 34108~~
34102

Name

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

800005892028--3

Suite, Apt. #, Etc.

~~06/20/02-01065-006~~

****300.00 ****300.00

City

State

FL

Zip Code

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

David Kenny
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

4/29/02

11. 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

David Kenny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02 (239) 793-3099

Daytime Phone #

CR2E040 (8/01)

Dept. of State,

This is the first
notice I have recieved for
this Corporate report. No
previous notice was ever
recieved.

Sincerely,



DAVID KENNY

Absolute Pest Control

C:239-248-1901