

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

DOCUMENT # P96000025857

1. Corporation Name

PAR PEST CONTROL, INC.

97 DEC 12 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
590 BUSINESS PARKWAY, #5
ROYAL PALM BEACH FL 33411

Mailing Address
530 BUSINESS PARKWAY, #5
ROYAL PALM BEACH FL 33411



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

2. New Principal Office Address, If Applicable
1166 Ida Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
~~530 Business Parkway, #5~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1996

5. FEI Number

65-0654991

Applied For

Not Applicable

City & State
Melbourne, FL
Zip
32940
Country
Brevard

City & State
Zip
Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BROOKER, W. KEITH	530 BUSINESS PARKWAY, #5	ROYAL PALM BEACH FL 33411
VP/T	Brooker, W. Keith	1166 Ida Way	Melbourne, FL 32940
P/S	Cynthia L. Brooker	1166 Ida Way	Melbourne, FL 32940

REINSTATEMENT (97)

G. Allen

8. Name and Address of Current Registered Agent

BROOKER, W. KEITH
530 BUSINESS PARKWAY, #5
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name
Brooker, W. Keith
Street Address (P.O. Box Number is Not Acceptable)
1166 Ida Way
Suite, Apt. #, Etc.

City
Melbourne, FL 329
State
FL
Zip Code
32940

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

W. Keith Brooker

REGISTERED AGENT MUST SIGN

Date 12/2/97

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

Yes ☒ No ☐

400002374064-6
-12/16/97
****750.00 ****750.00

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:

W. Keith Brooker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/97
Date

561-879-1191
Daytime Phone #

CR2000 (8/97)