

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025857

1. Corporation Name

PAR PEST CONTROL, INC.

Principal Place of Business

1166 IDA WAY
MELBOURNE FL 32940

Mailing Address

1166 IDA WAY
MELBOURNE FL 32940

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
5773 Newbury Circle
City & State
Melbourne

Zip
FL 32940

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
792 SW Grove Ave, 101
City & State
Port St. Lucie

Zip
FL 34983

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1996

5. FEI Number

65-0654991

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 3	City / State / Zip 4
VPT	BROOKER, W. KEITH	1166 IDA WAY	MELBOURNE FL 32940
PS	BROOKER, CYNTHIA L	1166 IDA WAY	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

BROOKER, W. KEITH
1166 IDA WAY
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name
W. Keith Brooker
Street Address (P.O. Box Number is Not Acceptable)
5773 Newbury Circle
Suite, Apt. #, Etc.
City
Melbourne
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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/03 772 879-1191

FILED

03 NOV -7 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600024491756
11/07/03--01001--010 **150.00

CR2E040 (7/03)



St. Lucie & Martin (772) 879-1191
Indian River (772) 388-3383
Brevard (321) 253-1717

November 3, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement Fee
Par Pest Control, Inc.
#P96000025857

To Whom It May Concern:

This letter is to notify your office that I did not receive my notice for renewing my corporation as I moved. I have attached a copy of the front of the Dissolution Notice that was forwarded to me.

Please change the address to: 5773 Newbury Circle
Melbourne, FL 32940

I have included a check for the of \$150.00. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Keith Brooker", written over a horizontal line.

W. Keith Brooker
Paragon Termite & Pest Management

PARAGON Termite & Pest Management

P.O. Box 8685 • Port St. Lucie, Florida 34985 • (800) 230-7378 • Fax (772) 879-1181