PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT



Sandra B. Mortham

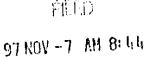
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000042248

1. Corporation Name

CRESCENT TERMITE AND PEST CONTROL, INC.



SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal P	lace of Busines	Malling Addre	Mailing Address								
1133 STATE ROAD 20 INTERLACHEN FL 32148			1133 STATE ROAD 20 INTERLACHEN FL 32148								
If above addresses are incorrect in any way, line through incorrect information and enter correction be											
2. New Pr	incipal Office A	3. New Mailin	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/10/1996					
Sulte, Apt. #, etc.			Sulte, Apt. #, etc.			5. FEI Number	•	00,10,10	Applied For		
City & State			City & State					337694	9	Not Applicable	
Zip		Country	Zip		Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addi	tional Fee required	
7. Names	and Street Add	Iresses of Each Officer and	/or Director (Flor	rida nonprofi	t corporation	ons must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I				Ci	ity / State / Zip	1	
D	HEMPHILL, DANIEL R			POST OFFICE BOX 2101				INTERLACHEN FL 32148			
D	HAIRE, KELVIN L SR.			3325 JOE ASHTON ROAD				ST. AUGUSTINE FL 32092			
				HEINSTATEMENT 97							
			,	Ti ti			a.alaw			aw	
	- ·- ·			* a:					11/9	197-	
8. Name and Address of Current Registered Agent							9. Name and polices of New Both television Act 1 3				
HEMPI	R	Name			-11/12/9701118024 ****750.00 ****750.00						
1133 STATE ROAD 20						Street Address (P	O. Box Number				
INTERLACHEN FL 32148				Suite, Apt. #, Etc.							
						City State Zip Code					
10. I, being	appointed pe	registered agent of the abo	o named corpo	retion am fa	ımiliar with	and accept the ob	oligations of Section		····		
Signature o Registered	Agent	may 10	GISTANED AG	ENT MUST S	SIGN			Date /// 5	5/9-	7	
		ation owes or ha Personal Proper				Yes 🔀	No 🔲		ner side for inf n intangible ta		
this rein owed by	statement app y the corporation	lficer or director or the recel lication, the reason for disso on have been pald and the ue and accurate, and my si	olution has been names of Individu	eliminated, t uals listed or	the corpore	ite name satisfies to do not qualify for a	the requirements an exemption und	of section 607.0401 or	617.0401, É.S	., that all fees	

SIGNING OFFICER OR DIRECTOR