PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
'04 JAN 15 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000042248

1. Corporation Name

Crescent Termite and Pest Control, Inc.

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
228 South Summit Street	P O Box 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crescent City, FL 32112	City & State: Crescent City, FL 32112
Zip: 32112 Country: Putnam	Zip: 32112 Country: Putnam

4. Date Incorporated or Qualified To Do Business in Florida: 05-10-96

5. FEI Number: 59 3376949 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Hemphill, Daniel R.

300027452523
01/23/04 01013 005 **600.00

Street Address (P.O. Box Number is Not Acceptable): 177 Queens Counrty Rd

Suite, Apt. #, Etc.:

City: Interlachen State: FL Zip Code: 32148

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Hemphill, Daniel R.	177 Queens Country Rd	Interlachen Fl 32148
S	Haire-SR, Kelvin L.	253 Hess Rd	Georgetown Fl 32139

10. 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: Daniel R Hemphill 1/13/04 386 684 2847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR

January 13, 2004

Ms. Glenda Hood
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood:

Enclosed is the 2001-2002-2003-2004 Uniform Business Reports for my client, Crescent Termite and Pest Control, Inc. I am writing to you to request abatement of the late filing or reinstatement fee that could be assessed on this report. Upon review of the information on your online public inquiry it appears the principal address that was listed is a street address in Interlachen, Florida. The postal service does not have a street delivery of mail to this address in Interlachen.

I respectfully request abatement of the reinstatement fees because the report was never received by the taxpayer. Enclosed you will find a check in the amount of $600.00 along with the Annual Report reflecting the correct address for future reports.

Sincerely,

Mark P. Stanton, CPA