

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 10:31

DOCUMENT # P96000046460

1. Corporation Name

BIO TECH TERMITE AND PEST CONTROL  
INC.

500003441405--7  
-10/27/00--01004--004  
\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address

7240 US 98 N

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 90817

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

Lakeland FL

Zip

33809

Country

POLK

Zip

33804

Country

POLK

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/96

5. FEI Number

650666830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00

**7. Name and Address of Current Registered Agent**

Name

MARK TURNER

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

255 MAGNOLIA AVE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33883

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

*Mark Turner*

REGISTERED AGENT MUST SIGN

Date 10/11/00

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| OP     | Michael Draves                       | 7240 US 98 N                                      | Lakeland FL 33809  |
| DUST   | JAMES SARANTOPOULOS                  | 4902 LK. GIBSON PARK RD                           | Lakeland FL 33809  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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)(l), 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

*James Sarantopoulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/00

Daytime Phone #

863 858 8995

CP2E081 (9/99)