

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
98-492  
DIVISION OF CORPORATIONS

DOCUMENT # 96000071463

1. Corporation Name

Odor Busters, Inc.

Principal Place of Business

211 Claude Brandon Road  
Alachua, FL 32615

Mailing Address

P. O. Box 40  
Alachua, FL 32616

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 1996

5. FEI Number

59-3422830

Applied For

Not Applicable

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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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Stanley H. Griffis, Jr.	211 Claude Brandon Rd.	Alachua, FL 32615
Sec	Constance W. Dean	211 Claude Brandon Rd.	Alachua, FL 32615

000002796670--4  
-03/05/99--01117--003  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

Stanley H. Griffis, Jr.  
211 Claude Brandon Road  
Alachua, FL 32615

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2/22/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SH GRIFIS

2/22/99  
Date

Daytime Phone #

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February 22, 1999

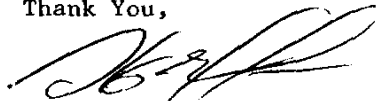
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

Re: Odor Busters, Inc. Federal ID#59-3422830

To Whom It May Concern:

As per my conversation with Mr. Thampton on January 25, 1999, I have inclosed a check for \$300.00 to cover reinstatement charges. This check is to cover the annual corporate dues for the current year and last year.

Thank You,



Stanley H. Griffis  
President  
Odor Buster, Inc.  
P. O. Box 40  
Alachua, Fl 32616