

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 SEP 11 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P96000086576

**1. Corporation Name**

SOUTHCOAST PEST CONTROL, INC.

N-20782

**2. Principal Office Address**

1880 NE 23rd Terrace

Suite, Apt. #, etc.

City & State

Jensen Beach, Florida

Zip

34957

Country

USA

**3. Mailing Office Address**

1880 NE 23rd Terr

Suite, Apt. #, etc.

City & State

Jensen Beach, Florida

Zip

34957

Country

USA

**REINSTATEMENT**

9700

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/18/96

**5. FEI Number**

65-0700891

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Daniel Salica

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

1880 NE 23rd Terrace

Suite, Apt. #, Etc.

City

Jensen Beach,

State

FL

Zip Code

34957 34957

**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

*Daniel Salica*

Date

8/10/00

REGISTERED AGENT MUST SIGN

**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
D.	Daniel Salica	1880 NE 23rd Terrace	Jensen Beach, Fl 34957
			800003398388--5 -09/19/00--01060--017 ***1200.00 ***1200.00

**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:**

*Daniel Salica*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/10/00

Daytime Phone #

KE