

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000006005

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SLICKER EXTERMINATORS, INC.

**Current Principal Place of Business:**

5244 ST RD 54  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5304  
HUDSON, FL 346745304

**New Mailing Address:**

**FEI Number:** 59-3428288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLICKER, THOMAS F  
13603 ALLYN DRIVE  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** THOMAS F. SLICKER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SLICKER, THOMAS F  
**Address:** 13603 ALLYN DRIVE  
**City-St-Zip:** HUDSON, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS SLICKER

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04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date