

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020752

1. Corporation Name

Rosado's Termite & Pest Control, Inc.

2. Principal Office Address

8192 College Pkwy

Suite, Apt. #, etc.

Suite 47

City & State

Fort Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

8192 College Pkwy

Suite, Apt. #, etc.

Suite 47

City & State

Fort Myers, FL

Zip

33919

Country

USA

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

03/03/1997

5. FEI Number

65-0742294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300082100123
11/28/06--01033--011 **300.00

05-06

REINSTATEMENT 05198

7. Name and Address of Current Registered Agent

Name

Raphael Rosado

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

8192 College Parkway

Suite, Apt. #, Etc.

47

City

Fort Myers, FL

State

FL

Zip Code

33919

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

REGISTERED AGENT MUST SIGN

Date 11/15/2006

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	Raphael Rosado	8844 Fawn Ridge Road	Fort Myers, FL 33912

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 contained in Chapter 119, 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:

Raphael Rosado Raphael Rosado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2006

Date

239-267-5714

Daytime Phone #

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Rosado's Termite & Pest Control, Inc.
8192 College Parkway
Suite 47
Fort Myers, FL 33919
Phone: 239.267.5714

November 15, 2006

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Dear Madam or Sir:

This corporation did not receive the annual report notice in the year of dissolution.
Please waive the reinstatement fee accordingly.

Regards,



Raphael Rosado
President, Rosado's Termite & Pest Control, Inc.

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Rosado's Termite & Pest Control, Inc.
8192 College Parkway
Suite 47
Fort Myers, FL 33919

Phone: 239.267.5714

November 15, 2006

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Dear Madam or Sir:

This corporation did not receive the annual report notices in 2005 or 2006. Please waive the reinstatement fee accordingly.

Regards,



Raphael Rosado
President, Rosado's Termite & Pest Control, Inc.