

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 18 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024161

1. Corporation Name

Revenge Pest Control, Inc.

2. Principal Office Address

13463 78th Place N.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

Zip

33412

Country

US

Zip

Country

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

5. FEI Number

650743470

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

Angelique Naber M.

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

13463 78th Place N.

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33412

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/06

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
DP	Angelique M. Naber	13463 78 th Pl. N	West Palm Bch, FL 33412
DVP	Daniel A. Naber	13463 78 th Pl. N	West Palm Bch, FL 33412
DS	Daniel M. Naber	13463 78 th Pl. N.	West Palm Bch, FL 33412
DT	Jason R. Naber	13463 78 th Pl. N	West Palm Bch, FL 33412
	<i>[Signature]</i>		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/06

Daytime Phone #