

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 14 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000048896

1. Corporation Name

Pinnacle Pest Management Inc.

400060628024
10/14/05--01055--010 **750.00

2. Principal Office Address

2160 Belfort Rd.

3. Mailing Office Address

P.O. Box 551716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

Zip

32216

Country

U.S.

Zip

32255

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/97

5. FEI Number

59-3451914

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

Richard D. Redman

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

7153 San Souci Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32216

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

Richard D. Redman
REGISTERED AGENT MUST SIGN

Date

10/3/05

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
President	<u>Richard Redman</u>	<u>7153 San Souci Rd.</u>	<u>Jax., Fl. 32216</u>

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)(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:

Richard D. Redman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/05
Date

725-1889
Daytime Phone #