

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
[REDACTED]

FLORIDA DEPARTMENT OF STATE  
[REDACTED] Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000096664

1. Corporation Name

WESTSTAR PEST CONTROL, INC.

Principal Place of Business

430 NORTH COMMODORE DRIVE  
SUITE 305  
PLANTATION FL 33325

Mailing Address

430 NORTH COMMODORE DRIVE  
SUITE 305  
PLANTATION FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

6

CERTIFICATE OF STATUS DESIRED ☐

11/13/1997

☒ Applied For  
☐ Not Applicable

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	GALINDO, DENIS	430 NORTH COMMODORE DRIVE	PLANTATION FL 33325
SVD	KAPP, KEVIN B	430 NORTH COMMODORE DRIVE	PLANTATION FL 33325

300002856523--9  
-04/29/99--01072--009  
\*\*\*\*300.00 \*\*\*\*300.00

TS 4/26/99 98-99 AR

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax)

12. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kevin B. Kapp*

4-15-99 Date

1-954-370-4187 Daytime Phone #

WEST STAR PEST CONTROL

KEVIN B. KAPP

430 N. COMMODORE DR #305  
PLANTATION, FLORIDA 33325

954-370-6187

BEEPER # 223-6532

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Please

Did not receive 1st bill  
Spoke to someone in RP-involvement  
said to send \$300.00 and  
penalty fees will be  
disregarded -

Thank you.

Kevin B. Kapp