

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000001862

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** MAXIMUM PEST SERVICES, INC.

**Current Principal Place of Business:**

4911 NE9 AVE  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

4911 NE 9 AVE  
# C & D  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

PO BOX 23578  
FT LAUDERDALE, FL 33307

**New Mailing Address:**

**FEI Number:** 65-0602547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CROW, LISA  
4911 NE 9 AVE OFFICE C&D  
OAKLAND PARK, FL 33334 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:** LISA CROW

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CROW, CHRISTOPHER  
**Address:** 4911 NE 9 AVE, #C & D  
**City-St-Zip:** FORT LAUDERDALE, FL 33334

**Title:** STD  
**Name:** CROW, LISA  
**Address:** 4911 NE AVE #C & D  
**City-St-Zip:** FORT LAUDERDALE, FL 33334

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:** CHRISTOPHER R CROW

PD

10/04/2010

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

\_\_\_\_\_  
Date