

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -7 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045398

1. Corporation Name

A.C. LEE'S PEST CONTROL, INC.

2. Principal Office Address

3300 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

USA

3. Mailing Office Address

3300 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

USA

REINSTATEMENT

00-05

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

05/18/1998

5. FEI Number

59-3515238

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

LEON R. SMITH

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

1245 FINDLAND DRIVE

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34609

200046638742
02/15/05--01020--002 **1500.00

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**

X

REGISTERED AGENT MUST SIGN

Date

X 2-3-05

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
PSTD	LEON R. SMITH	1245 FINDLAND DRIVE	SPRING HILL FL 34609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)