

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 AM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98 0000 55207**

1. Corporation Name

TONY WEBB PEST CONTROL INC

2. Principal Office Address - No P.O. Box #

205 N WOODLAND BLVD

3. Mailing Office Address

PO Box 4474

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND FL 32720

City & State

DELAND FL

Zip

32720

Country

VOLUSIA

32721-4474

32721-4474

Country

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3526901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOWELL A WEBB

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

815 S VOLUSIA AV

Suite, Apt. #, Etc.

1B

City

ORANGE CITY FL

State

FL

Zip Code

32763

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 06/15/07

REGISTERED AGENT MUST SIGN

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
P, D	LOWELL A WEBB	815 S VOLUSIA AV STE 1B ORANGE CITY FL 32763	

REINSTATEMENT

7/19/07

600105781486
07/09/07--01055--009 **600.00

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:

Lowell A. Webb

PRESIDENT 06/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Agg 02/12

Tony Webb Pest Control Inc.
P.O. Box 4474
Deland, Florida 32721-4474
(386)-775-9298
Fax (386) 775-1588

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is the form to reinstate my Corporation. I was Divorced in 2004. At that time my mail went to the home address and I did not get the renewal notice or form.

Thank You,

Tony Webb

Tony Webb
Tony Webb Pest Control Inc.