

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
H. Wayne Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 21 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99-00 UBR
98000093249

1. Corporation Name

Sunshine State Termite & Pest Control Inc.

2. Principal Office Address

146 SE 19th St.

Suite, Apt. #, etc.

3. Mailing Office Address

146 SE 19th St.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33990

Country

LEE

Zip

33990

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0878236

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

Eugene Wurst Brannan

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

1480 SW Brannan Dr.

Suite, Apt. #, Etc.

City

Aracelon

State

FL

Zip Code

33926

900003385909-2

09/08/00 01001-023

****300.00 ****300.00

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

Eugene Wurst Brannan

Date 8-18-00

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
<u>President</u>	<u>James M. Brannan Sr.</u>	<u>146 SE 19th St.</u>	<u>Cape Coral, FL 33990</u>
<u>Vice President</u>	<u>Leslie A. Brannan</u>	<u>146 SE 19th St.</u>	<u>Cape Coral, FL 33990</u>
<u>Secretary</u>	<u>Brillie A. Brannan</u>	<u>1480 SW Brannan Rd.</u>	<u>Aracelon, FL 33990</u>
			<u>LS</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:

James M. Brannan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-00

Date

573-5129

Daytime Phone #

CP2E081 (9/99)

2062

to Whom it May Concern

My 1999 Renewal did not reach me and was sent back to the State and I was told for that reason I would only have to pay 150.⁰⁰ for 1999 and 150.⁰⁰ for 2000 totaling 300.⁰⁰.

Thank you
Jon M. Brown
President