

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED:  
00 MAY -1 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106944

1. Corporation Name

F & F FUMIGATION, INC.

2. Principal Office Address

3400 McIntosh Road

3. Mailing Office Address

PO Box 21031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

Zip

33335

Country

USA

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified To Do Business in Florida

12-28-1998

5. FEI Number

65-0891806

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

William A. Snyder, Esq.

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

7931 SW 45th Street

Suite, Apt. #, Etc.

City

Davie

State  
**FL**

Zip Code

33328-3099

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

*William A. Snyder*  
REGISTERED AGENT MUST SIGN

Date 4/21/2000

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
D	Fred C. Rogacki	PO Box 21031	Ft. Lauderdale, FL 33328
			300003250193-1 -05/12/00-01033-016 ****908.75 ****908.75
			SP

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:

*Fred C. Rogacki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred C. Rogacki 4/26/2000

Date

(954) 524-1133

Daytime Phone #

CR2E081 (9/99)