

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

2001
UBR

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

DOCUMENT # **P99000000654**

1. Corporation Name
KILZUM BOB PEST CONTROL, INC.

Principal Place of Business Mailing Address

3650 INVERRARY DRIVE 3650 INVERRARY DRIVE
LAUDERHILL FL 33319 LAUDERHILL FL 33319

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
01 NOV -9 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 01/05/1999

5. FEI Number 65-0882300 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	MINK, ROBERT	3650 INVERRARY DRIVE	LAUDERHILL FL 33319
			300004718569--0
			-12/11/01--01051--004
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

MINK, ROBERT
3650 INVERRARY DRIVE
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Robert Mink* Date 10/15/01
REGISTERED AGENT MUST SIGN

11. 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: *Robert Mink* Date 11/2/01 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

2062

GM FINANCIAL GROUP, INC.
1191 EAST NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH, FL 33442
TEL. 954. 428-8899
FAX 954. 428-6699

October 12, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: KILZUM BOB PEST CONTROL, INC.
FEI # 65-0882300

To Whom It May Concern:

As the accountant for the above referenced Corporation, please be advised that they did not receive a 2001 Uniform Business Report.

We have prepared the enclosed 2001 Annual Report for this Corporation. Also enclosed is a check for the \$150.00 filing fee.

We respectfully request that you abate the late filing fee, as this Corporation has always filed this report in a timely manner.

Thank you for your attention in this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,



Daniel J. Weinberg, Certified Public Accountant

CC: KILZUM BOB PEST CONTROL, INC.

DJW/ml

Enclosure