

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000000654

1. Corporation Name

Kilzum Bob Pest Control, Inc.

2. Principal Office Address

8358 W Oakland Pk Blvd

Suite, Apt. #, etc.

Suite 202-J

City & State

Surprise FL

Zip

33351

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

Robert Mink

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

8358 W. Oakland Park Blvd

Suite, Apt. #, Etc.

Suite 202-J

City

Surprise

State

FL

Zip Code

33351

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

Robert Mink

Date

12/12/03

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
Pres.	Robert Mink	8358 W OP Blvd, Ste 202J	Surprise, FL 33351

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:

Robert Mink

Robert Mink

12/12/03

Date

957-791-5144

Daytime Phone #

KILZUM BOB PEST CONTROL, INC.

~~7465 NW 4th Street~~

8358 W. OAKLAND PARK BLVD

~~Plantation, FL 33317~~

SUNRISE, FL 33357

November 19, 2003

Florida Department of State
Division of Corporations
~~PO Box-1500~~
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find a completed Uniform Business Report (UBR) for the 2003 year;
along with a check for \$150 for the annual fee.

I am enclosing this report late because I never received the original. I suspect that I never
received it because I moved and now I have a new address.

I downloaded a blank UBR form from the Internet so that I could file and pay our
obligation timely.

Please know that we take our filing obligation very seriously and that there was no
disregard of the rules and that we acted in good faith.

Thank you for your attention to this matter. I can be contacted at 954-761-5144 with all
questions and comments.

Sincerely,



Robert Mink
President