

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 OCT 18 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000003378

1. Corporation Name

Security Termite & Pest
Systems of Jacksonville, Inc.

2. Principal Office Address

5274 Ramona Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

5274 Ramona Boulevard

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32205

Country

U.S.A.

City & State

Jacksonville, Florida

Zip

32205

Country

U.S.A.

REINSTATEMENT

03-54

4. Date Incorporated or Qualified
To Do Business in Florida

01-12-99

5. FEI Number

59-3532961

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

Terry L. Ware

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

7520 Falcon Trace Drive West

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32222

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

Terry L. Ware

REGISTERED AGENT MUST SIGN

Date 10-12-04

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.	Jeanne Stover	100 Beach Road # 601	Tequesta, Florida 33469
V.P.	Terry L. Ware	7520 Falcon Trace Dr W	Jacksonville, Florida 32222

300041950923
10/18/04--01095--013 **300.00

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 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:

Terry L. Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

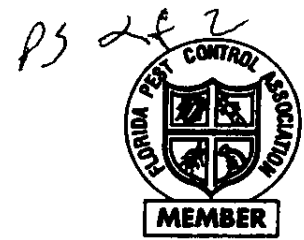
10-12-04

Date

(904)781-6568

Daytime Phone #

CR2081 (01/04)



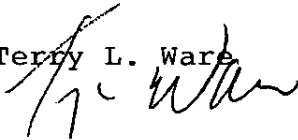
SECURITY TERMITE & PEST SYSTEMS, INC.

10-12-04

We did not recieve our annual report for the '03-'04 years.

Thank you for your all of your help on this matter.

Terry L. Ware

A handwritten signature in black ink, appearing to read "Terry L. Ware", written over the printed name.