


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Kathrin [unclear] Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>00-01 UBR</u> 1. Corporation Name AAA Riteway Pest Management Service, Inc.	
2. Principal Office Address 5180 W. Atlantic Avenue Suite, Apt. #, etc. City & State Delray Beach, Florida Zip 33484	3. Mailing Office Address 5180 W. Atlantic Avenue Suite, Apt. #, etc. City & State Delray Beach, Florida Zip 33484
4. Date Incorporated or Qualified To Do Business in Florida 04/01/99	
5. FEI Number 65-0905486	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Duncan Fraser Street Address (P.O. Box Number is Not Acceptable) 660 Linton Boulevard Suite, Apt. #, Etc. Suite #207 City Delray Beach,		400004596984-3 09/18/01-01045-012 ****400.00 ****400.00 LS
State FL	Zip Code 33444	

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: Duncan Fraser CPA Date: 08/23/01
 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.	Donald Glowacki	5629 N.E. 5th Terrace	Ft. Lauderdale, FL 33334
VPres.			
Operation	Dan Rotundo	5122 Pine Tree Drive	Delray Beach, FL 33484
VPres.			
Finance	Dale Martin	5227 Lanal Circle W.	Lake Worth, FL 33467
Shareholder	Maurice Friedman	12286 Wedge Way	Boynton Beach, FL 33437

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: Dale Martin Dale Martin 08/ /01 561-638-5556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)