

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 10 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000013532

1. Corporation Name
AAARiteway Pest Management Services, Inc.

2. Principal Office Address
1855 Dr. Anders Way

3. Mailing Office Address
1855 Dr. Anders Way

Suite, Apt. #, etc.
2

City & State
Delray Beach, FL

Zip
33445 Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
02/09/1999

5. FEI Number
650905486

6. CERTIFICATE OF STATUS DESIRED

100024170861
10/27/03-01084-006 **900.00

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name
Fraser, Duncan CPA

Street Address (P.O. Box Number is Not Acceptable)
14786 Horseshoe VR

Suite, Apt. #, Etc.
207

City
Delray Beach Wellington

State
FL

Zip Code
33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent
Duncan Fraser CPA

REGISTERED AGENT MUST SIGN

Date
10/23/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Glowacki, Donald	5629 N.E. 5 th Terrace	Ft. Lauderdale, FL 33334
VP	Martin, Dale	5227 Canal Circle West	Lake Worth, FL 33467

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)(f), 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: **Donald Glowacki** Date: **10-22-03** Daytime Phone #: **561-715-4378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Donald Glowacki 11/5/03 561 715 4378

CR20031 (10/02)