

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 NOV -5 PM 8:04

DOCUMENT # P99000022680

1. Corporation Name

Premier Pest Control and Home Services, Inc.

2. Principal Office Address - No P.O. Box #

511 N. Main Street

3. Mailing Office Address

P.O. Box 770042

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden FL

Zip

34787

Country

Orange

Zip

34777

Country

Orange

900278857809
11/05/15--01036--003 **1650.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/1999

5. FEI Number

59-3561969

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

Asma & Asma P.A.

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

884 S Dillard Street

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

REGISTERED AGENT MUST SIGN

Date

9/23/2015

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
PD	John H. Claflin	511 N Main St	Winter Garden FL 34787
VPS	Lee Ann Claflin	511 N. Main St.	Winter Garden, FL 34787

REINSTATEMENT

NOV 05 2015

R. HUNT

10. E-mail Address: nick.asma@asmapa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John H. Claflin
JOHN CLAFLIN

Date

9/23/2015

Daytime Phone #



Asma & Asma, P.A.

Attorneys and Counselors at Law

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C. Nick Asma
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November 3, 2015

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement - 99000022680

Dear Sir/Madam:

Enclosed please find a Corporation Reinstatement for Premier Pest Control and Home Services, Inc. together with the filing fee of \$1,650.00. Also enclosed is an Affidavit setting forth that entity P15000039803 with the same name does not intend to reinstate. Please advise if anything further is necessary to reinstate 99000022680. Thank you.

Sincerely,

Sharon D. Morgan

:sm
Enclosures

NOV 05 2015

R. HUNT