

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1083

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -5 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040652

1. Corporation Name

LIGHTHOUSE PEST MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3925 DIXIE HWY NE  
PALM BAY FL 32905

3925 DIXIE HWY NE  
PALM BAY FL 32905



200025255642  
12/05/03--01040--003 \*\*158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3573727

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
0	FORD, WILLIAM F III	3184 OTTAWA CT. 902 WISPER PINE DR	MELBOURNE FL <del>32935</del> 32901

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORD, WILLIAM F III  
~~3184 OTTAWA CT~~ 902 WISPER PINE DR  
~~MELBOURNE FL 32935~~ MELBOURNE FL

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*William F Ford III*

REGISTERED AGENT MUST SIGN

Date

12/20/03

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., 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:

*WILLIAM FORD III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/03 321 366 602

CR2EQ40 (7/03)

Tried to  
tell you  
held long  
Distance for  
20 MINUTES.  
MY SON IS IN  
IRAQ - AT  
WAR - SENT  
By your govt.  
Bill Jank

Sir -  
My Son  
is in I R A Q  
My SON IS  
IN I R A Q  
will not  
Return until  
Spring -  
Veld Extension