

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000048494

1. Corporation Name

KATSS PEST CONTROL, INC.

Principal Place of Business

Mailing Address

1696 ARABIAN LN
PALM HARBOR FL 34685

1696 ARABIAN LN
PALM HARBOR FL 34685

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

2. New Principal Office Address, If Applicable

1011 Riverside Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Zip

34688

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1999

5. FEI Number

NOT APPLICABLE

☒ Applied For

☐ Not Applicable

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
PSTD	CLAUDETTE, REYNOLDS	1696 ARABIAN LN 1011 Riverside Ridge Rd	PALM HARBOR FL 34685 Tarpon Springs FL 34688

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COTE, CLAUDETTE
1290 GULF BLVD #1207
CLEARWATER FL 33767

Name

CLAUDETTE REYNOLDS

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

1011 Riverside Ridge Rd

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34688

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

Claudette Reynolds
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3-29-04

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:

Claudette Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-09 727-243-2240

Date

Daytime Phone #