

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000048494

Entity Name: KATSS PEST CONTROL, INC.

FILED
Sep 27, 2006
Secretary of State

Current Principal Place of Business:

1011 RIVERSIDE RIDGE DR
TARPON SPRINGS, FL 34688

New Principal Place of Business:

6550 INDUSTRIAL WAY
PORT RICHEY, FL 34668

Current Mailing Address:

1011 RIVERSIDE RIDGE DR
TARPON SPRINGS, FL 34688

New Mailing Address:

P.O. BOX 1208
PORT RICHEY, FL 34673

FEI Number: 51-0506178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, CLAUDETTE
1011 RIVERSIDE RIDGE DR
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

REYNOLDS, CLAUDETTE
6550 INDUSTRIAL WAY
PORT RICHEY, FL 34668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLAUDETTE REYNOLDS

09/27/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: REYNOLDS, CLAUDETTE
Address: 1011 RIVERSIDE RIDGE DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REYNOLDS, CLAUDETTE
Address: 6550 INDUSTRIAL WAY
City-St-Zip: PORT RICHEY, FL 34668

Title: SECY () Change (X) Addition
Name: REYNOLDS, WILLIAM L
Address: 6550 INDUSTRIAL WAY
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE REYNOLDS

PRES

09/27/2006

Electronic Signature of Signing Officer or Director

Date