

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED
AND
FILED

97 DEC -8 PH 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S46875

1. Corporation Name
CARE PEST CONTROL AND LAWN SPRAY, INC.

Principal Place of Business
 10441 NW 28 ST.
 UNIT 103
 MIAMI FL 33126
 US

Mailing Address
 10441 NW 28 ST.
 UNIT 103
 MIAMI FL 33126
 US



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

2. New Principal Office Address, If Applicable AS ABOVE		3. New Mailing Office Address, If Applicable -		4. Date Incorporated or Qualified To Do Business in Florida 04/22/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	FERNANDEZ, PEDRO G JR	400 SW 125 AVE.	MIAMI FL
V	FERNANDEZ, EDUARDO	4000 SW 125 AVE	MIAMI FL
VT	FERNANDEZ, LUIS E.	40000 SW 125 AVE	MIAMI FL

REINSTATEMENT 1997
A. Alan
 12/8/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, PEDRO G., SR. 10441 NW 28 ST. UNIT 103 MIAMI FL 33126		Name SAME AS #8. Street Address (P.O. Box Number is Not Acceptable) 000002368880-7 Suite, Apt. #, Etc. -12/10/97--01114-012 City ****750.00 ****750.00 State Zip Code FL	
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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.

Signature of Registered Agent *[Signature]* Date **12/1/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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: *[Signature]* Date **12/1/97** Daytime Phone # **1-352-854-3993**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/97)