

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

98 AUG -7 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V06760

1. Corporation Name

Total Pest Elimination, Inc.

Mailing Address

Principal Place of Business

682-B South Yonge St. Same  
Ormond Beach, FL 32174

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1-13-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3105335

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.00 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)

900002612479-0003  
-08/11/98-00026-0003

Title(s)  
1

Name of Officers  
and/or Directors  
2

Street Address of Each  
Officer and/or Director  
3 (Do NOT Use Post Office Box Numbers)

4

D EARL S. SHARPLES, JR. 420 Lakebridge PLAZA Ormond Beach, FL 32174  
Dr. #414

REINSTATEMENT 96-88  
8/7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Allan L. ZAFFRA  
632 Dunlawton Ave.  
Port Orange, FL 32127

Name  
EARL S. SHARPLES, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
420 Lakebridge Plaza Drive  
Suite, Apt. #, Etc.  
414  
City  
Ormond Beach  
State  
FL  
Zip Code  
32174

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

*Earl S. Sharples, Jr.*  
REGISTERED AGENT MUST SIGN

EARL SHARPLES

Date

6/26/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR - REGISTERED

6-26-78

Date

673-5653

Daytime Phone #

CR2040 (6/94)