

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 20 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V-10948

1. Corporation Name

Professional Exterminating
Services

2. Principal Office Address

106 Commerce Ln
Suite, Apt. #, etc.
A-6

3. Mailing Office Address

PO Box 2093
Suite, Apt. #, etc.

City & State

Jupiter FLA

City & State

Jupiter FLA

Zip

33468

Country

Palm Beach

Zip

33468

Country

Palm Beach

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

2 3 92

5. FEI Number

65 0309411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George B Melit

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

825 Center ST

Suite, Apt. #, Etc.

36 C

City

Jupiter

State
FL

Zip Code

33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1 14 04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	George B Melit	825 Center ST #36C	Jupiter FLA 33458

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 14 04 561 719 2554

Date

Daytime Phone #

CR2E081 (10/02)