

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY 13 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Ace Pest Control of Jacksonville, Inc.

Principal Place of Business

Mailing Address

8564 Normandy Boulevard
Jacksonville, Florida 32221

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

2. New Principal Office Address, If Applicable
same as above.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

2-3-1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3119146

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres./ Director	Terry L. Ware	8564 Normandy Boulevard	Jacksonville, FL 32221
Secty./ Treasurer/ Director	Carmen H. Ware-Mendez	Same as above.	
			900002184769--5 -05/20/97--01043--004 ****\$915.00 ****\$915.00
			REINSTATEMENT 96 97 G. Ware 5/13/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert K. Eddy, Esq.
777 S. Harbor Island Boulevard, Suite 220
Tampa, Florida 33602

Name

Terry L. Ware

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

8564 Normandy Boulevard

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32221

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

Terry L. Ware

REGISTERED AGENT MUST SIGN

Date

5-12-97

11. 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.)

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:

Terry L. Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-97

Daytime Phone #

(904) 781-6568