

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 13 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500097579515
04/19/07--01036--014 **1050.00

DOCUMENT # V19533

1. Corporation Name

Golden Rule Termite and Pest Control, Inc.

2. Principal Office Address - No P.O. Box #

2107 East College Ave. ~~8440~~

Suite, Apt. #, etc.

Suite 5

City & State

Ruskin FL

Zip

33570

Country

USA

3. Mailing Office Address

2107 East College Ave.

Suite, Apt. #, etc.

Suite 5

City & State

Ruskin FL

Zip

33570

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-92

5. FEI Number

65-0320583

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

David Francis

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

2107 East College Ave. ~~8440~~

Suite, Apt. #, Etc.

Suite 5

City

Ruskin

State
FL

Zip Code
33570

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Francis

Date 4-11-07

REGISTERED AGENT MUST SIGN

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.	David Francis	2107 East College Ave Ste 5	Ruskin, FL 33570
Sec/Treas	Tia Francis	2107 East College Ave Ste 5	Ruskin, FL 33570

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 contained in Chapter 119, 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:

David Francis

David Francis

4-11-07

813-645-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell APR 13 2007