

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2FL

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -9 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22656

1. Corporation Name

PERSONAL TOUCH PEST CONTROL, INC.

600007854716--7
-09/19/02--01087--007
****300.00 ****300.00

2. Principal Office Address

6032 - 105 AVE N

3. Mailing Office Address

6032 - 105 AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

Zip

33782

Country

USA

Zip

33782

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1992

5. FEI Number

65-0324043: (CORRECTED)

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

SIBYL W PINKERTON

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

6032 - 105 AVE N

Suite, Apt. #, Etc.

City

PINELLAS PARK

State
FL

Zip Code

33782

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

Sibyl W. Pinkerton

REGISTERED AGENT MUST SIGN

Date

9/4/02

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	SIBYL W PINKERTON	6032 - 105 AVE N	PINELLAS PARK FL 33782
	(REMOVE: ROBERT PINKERTON)		

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.

SIBYL W. PINKERTON, PRESIDENT

SIGNATURE:

Sibyl W. Pinkerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02

Date

Daytime Phone #

CR2E081 (9/01)

September 3, 2002

From: Sibyl W. Pinkerton, President
Personal Touch Pest Control, Inc.
6032 - 105 Avenue N.
Pinellas Park, FL 33782

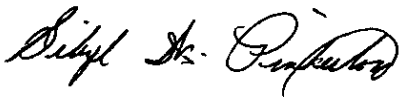
To: Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Please waive the reinstatement fee on my corporation, Personal Touch Pest Control, Inc., document # V22656, for the following reason:

I never received the annual UBR report from the state of Florida for 2001 and 2002.

Enclosed is a check for \$300.00 to cover the state UBR fees for 2001 and 2002. A filled out Corporate Reinstatement form is also enclosed.

Thank you.



Sibyl W. Pinkerton, President
Personal Touch Pest Control, Inc.