CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V25166

1. Corporation Name

Southeastern Termite + Pest Inc.

REINSTATEMENT (80)

2. Principal Office Address
2669- Forest Hill Blvd

Suite, Apt. #, etc.
230

City & State
West Palm Beach Fla

Zip
33406

Country
Palm Beach

3. Mailing Office Address
Same

Suite, Apt. #, etc.
—

City & State
—

Zip
—

Country
—

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0321162

☐ 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
Celso Saenz

Street Address (P.O. Box Number is Not Acceptable)
1853- Bell Lane

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33406

000003459340--0
11/03/00--01090--013
****750.00   ****750.00

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

REGISTERED AGENT MUST SIGN

Date 10/20/00

CR2E081 (9/99)

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
President	CELSO SAENZ	1853 Bell Lane	WPB, FL, 33406
Vice President	NORMA M. SAENZ	1853 Bell Lane	WPB, FL, 33406
Sec.	Jessica Saenz	1853- Bell Lane	WPB, FL, 33406
Trea.	Alexander Saenz	1853-Bell Lane	WPB, FL 33406

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:

Celso Saenz, Pres, 10-20-2000 (561)964-4662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #