

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Natalie R. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26488

1. Corporation Name

INTELLIGENT PEST MANAGEMENT CORPORATION

Principal Place of Business

3763 ENTERPRISE AVE
SUITE 33
NAPLES FL 34104
US

Mailing Address

3763 ENTERPRISE AVE
#20
NAPLES FL 34104
US

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

2. New Principal Office Address, If Applicable

171 COMMERCIAL BLVD
Suite, Apt. #, etc. #24

City & State
NAPLES, FLORIDA

Zip
34104

Country
USA

3. New Mailing Office Address, If Applicable

171 COMMERCIAL BLVD
Suite, Apt. #, etc. SUITE #24

City & State
NAPLES, FLORIDA

Zip
34104

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1992

5. FEI Number

65-0341806

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	COUGHLIN, WILLIAM C.	1696 WELLESLEY CIR UNIT 1	NAPLES FL
P	QUINN, JUDITH R.	4617 LOMBARDY LN	NAPLES, FL 34112
V	COX, J. ANNE-MARIE	4617 LOMBARDY LN	NAPLES FL 34112
			900003063189--0 -12/07/99--01058--026 *****150.00 *****150.00 900003063189--0 -12/07/99--01058--027 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

COUGHLIN, WILLIAM C.
1696 WELLESLEY CIR UNIT 1
NAPLES FL 33999

9. Name and Address of New Registered Agent

Name QUINN, JUDITH R.
Street Address (P.O. Box Number is Not Acceptable)
4617 LOMBARDY LN.
Suite, Apt. #, Etc.

City
NAPLES

State
FL

Zip Code
34112

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
JUDITH R. QUINN

REGISTERED AGENT MUST SIGN

Date Nov 12, 1999

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 12, 1999 (941)2610079
Date Daytime Phone #



INTELLIGENT PEST MANAGEMENT, INC.

171 Commercial Blvd., # 24
3763 Enterprise Ave.
Naples, Florida 34104
(941) 261-0079

HOUSEHOLD PESTS TERMITES AQUATIC PESTS LAWN CARE TREE/SHRUB CARE

November 12, 1999

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

To the Attention of Tyron:

Be advised that we did not receive any notices for 1999. Please waive the late fee.

As per our telephone conversation on November 12, 1999 please find the

"Application for Reinstatement". Ref. # V26488.

I have made all the necessary changes, including the new location.

Enclosed is the check for \$150.00 made out to the Secretary of State and a check for \$8.75 for a certificate of status made out to the Florida Department of State.

Thank you for all your help.

Sincerely,

Judith R. Quinn