

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000093943**

1. Corporation Name  
**Miami Trailer and Equipment Co., Inc.**

2. Principal Office Address  
**7852 NW 74th Street**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 260182**  
Suite, Apt. #, etc.

City & State  
**Medley, Florida**  
Zip **33166** Country **USA**

City & State  
**Dembroke Pines, FL**  
Zip **33026** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**11-3-1997**

5. FEI Number  
**65-0793581** Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 03-05**

7. Name and Address of Current Registered Agent

Name **Susan Leibowitz** 400048027044  
Street Address (P.O. Box Number is Not Acceptable) **7852 NW 74th Street** 03/03/05-01005-016 \*\*\*450.00  
Suite, Apt. #, Etc.  
City **Medley** State **FL** Zip Code **33166**

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 Date **2-3-05**  
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
DP	Alan Leibowitz	7852 NW 74th Street	Medley, FL 33166
S	Susan Leibowitz	7852 NW 74th Street	Medley, FL 33166

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)(f), 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: Date **2-3-05** (305) 597-0043  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E001 (01/05)