PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

ACCEPTED AND FILED
00 OCT 11 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F99000004818

1. Corporation Name
United Rentals (North America), Inc.

2. Principal Office Address	3. Mailing Office Address
Five Four Greenwich Office Park	Five Four Greenwich Office Park
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenwich, CT	City & State: Greenwich, CT
Zip: 06830 Country: USA	Zip: 06830 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/99

5. FEI Number: 061493538 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 East Virginia Street
Suite, Apt. #, Etc.: Suite 1
City: Tallahassee State: FL Zip Code: 32301

REINSTATEMENT 2002

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: X Lance L. McK Capital Connection, Inc. Date: 10/11/00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
CD	Bradley S. Jacobs	Five Four Greenwich Office Park		Greenwich, CT 06830
VD	John N. Milne	Five Four Greenwich Office Park		Greenwich, CT 06830
D	Wayland R. Hicks	Five Four Greenwich Office Park		Greenwich, CT 06830
PD	William F. Berry	Five Four Greenwich Office Park		Greenwich, CT 06830
AS	Michael J. Nolan	Five Four Greenwich Office Park		Greenwich, CT 06830
V	John S. McKinney	Five Four Greenwich Office Park		Greenwich, CT 06830

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: X 10/10/00 (203) 618-7135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael J. Nolan