PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JAN 18 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322858

1. Corporation Name
Tesco Hi-Lift, Inc.

000003581490--4
-01/26/01--01077--003
****908.75 ****908.75

2. Principal Office Address	3. Mailing Office Address
275 SE Spanish Trail	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton	City & State: FL
Zip: 33432 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: Apr. 17, 1989

5. FEI Number: 59-1769344 ☐ 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: Melvyn Trute Esq.
Street Address (P.O. Box Number is Not Acceptable): 1010 Kane Concourse
Suite, ~~Apt. #~~ Etc.: 202
City: Bay Harbor Island, FL State: FL Zip Code: 33154

REINSTATEMENT 00-01

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: X Melvyn Trute
REGISTERED AGENT MUST SIGN
Date: Jan 10, 2001

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
S	Deborah Traficant	275 S.E. Spanish Tr.	Boca Raton, FL 33432
P	Deborah Traficant	275 S.E. Spanish Tr	Boca Raton, FL 33432
VP	Charles Traficant II	275 S.E. Spanish Tr	Boca Raton FL 33432
PT	Richard Traficant	275 S.E. Spanish Tr.	Boca Raton FL 33432

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: Deborah Traficant Sec. 561-393-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Deborah Traficant Secretary — Date: 01-09-01 — Daytime Phone #