

CAPITAL CONNECTION

850 222 1222

12/01 '00 13:17 NO.562 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1 of 2*

FILED

00 DEC -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

382324

1. Corporation Name

JADCO SIGNING, INC

2. Principal Office Address

1201 HAYS STREET

Suite, Apt. #, etc.

3. Mailing Office Address

C/O UNITED IDENTALS
5 GREENWICH OFFICE PARK

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

GREENWICH, CT

Zip

32301

Country

USA

Zip

06830

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/71

5. FSI Number

591358071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SS 75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATE SERVICES COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent*Merryl Weiner*

Merryl Weiner

REGISTERED AGENT MUST SIGN

Authorized Person

Date

12/4/00

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 DirectorsStreet Address of Each
Officer and/or Director

City / State / Zip

"PLEASE SEE ATTACHED"

REINSTATEMENT

001178

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:

John K. Zick - Peter R. Boziller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/00

Daytime Phone #

203-622-3131

DAC 24

UNITED RENTALS SUBSIDIARIES

List of Directors and Officers

<i>President:</i>	John N. Milne*
<i>Vice President:</i>	Michael Nolan* Robert P. Miner* Peter R. Borzilleri* John S. McKinney**
<i>Treasurer:</i>	Wayland R. Hicks*
<i>Secretary:</i>	Michael J. Nolan*
<i>Asst. Secretary:</i>	Robert P. Miner* Peter R. Borzilleri*
<i>Sole Director:</i>	John N. Milne*

*5 Greenwich Office Park, Greenwich, CT 06830

**1581 Cummins Drive, Modesto, CA 95358