

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 DEC -6 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

481795

1. Corporation Name

WARNING SAFETY LIGHTS
OF GEORGIA, INC.

2. Principal Office Address

1201 HAYS ST

Suite, Apt. #, etc.

3. Mailing Office Address

c/o UNITED RENTALS

Suite, Apt. #, etc.

5 GREENWICH OFFICE PARK

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

8/15/75

5. FEI Number

591606384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 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.

500003496475

12/12/00 01023 014

****750.00 ****750.00

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 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Merryl Weiner

Date

12/14/00

Merryl Weiner

REGISTERED AGENT MUST SIGN Authorized Person

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

REINSTATEMENT 00 1175

"PLEASE SEE ATTACHED"

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 A. Biele *Peter R. Borelli* 12/1/00 203-602-3131

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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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