F06000005491

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W1-35019				

Office Use Only



700077975447

08/08/06--01037--001 **87.50

08/23/06--01002--001 **1150.00

2006 AUG 21 PM 4: 15
SECRETARY OF STATE
TALLAHASSEF ELOPINA

2 Burch AUG 2.2 2998

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Disaster Rentals, Inc.	
	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
Amanda Bergman	
(Name o	of Person)
Disaster Rentals, Inc.	
·	ompany)
9710 Traville Gateway Dr #115	
•	dress)
Rockville, MD 20850	and Zip code)
(3.3,3.2.2.	
For further information concerning this matter, please	call:
Amanda Bergman at (240	747-5577
(Name of Person) (Area	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2006

AMANDA BERGMAN 9710 TRAVILLE GATEWAY DR #115 ROCKVILLE, MD 20850

SUBJECT: DISASTER RENTALS, INC.

Ref. Number: W06000035019

We have received your document for DISASTER RENTALS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1.150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist

Letter Number: 706A00049477

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Disaster f				.	~>
(Enter name of c	orporation; must include "INCORPORATI forp," "Inc," "Co," or "Corp.")	ED,	," "COMPANY," "CORPORATION,"	SECRETA	2006 AUG 2
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida	5~	21
_{2.} Maryland		1	20-3284546	25	2
	under the law of which it is incorporated)	٠,٠	(FEI number, if applicable)	翌	÷
4. July 20, 2	005	4	perpetual	≥تہن	5
	of incorporation)	-	(Duration: Year corp. will cease to exist or "perpetual")	
_{6.} July 20, <u>2</u>	005				
			in Florida, if prior to registration) 502, P.S., to determine penalty liability)		
_{7.} 9710 Trav	ille Gateway Dr #115, Roc	kν	/ille, MD 20850		
	(Principal office	add	lress)		
	(Current mailing				
* * * * * * * * * * * * * * * * * * * *	rying and remediation serves) of corporation authorized in home state of		es and equipment ountry to be carried out in state of Florida)	<u>-</u>	
9. Name and stree	et address of Florida registered agent: ((P.(O. Box NOT acceptable)		
Name:	NRAI Services, Inc.				
Office Address:	2731 Executive Park	D			
,	Weston		, Florida 33331 (Zip code)		
	(City)		(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoi	int: es i	6/29/06	acity my di	ı I
۷	by Just to	00	Lisa Reeves, Assistant Secreta	ary	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	SE(
Chairman:	L G
Address:	- FAR 2
	mo z
Vice Chairman:	STATE LORID
Address:	DA S
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	·····
President: Ronald Bergman	·
Address: 5706 Frederick Ave	
Rockville MD 20852-1866	
Vice President: Samuel J. Bergman	
Address: 5706 Frederick Ave	
Rockville, MD 20850	
Secretary: Mark E. Futrovsky	
Address: 5706 Frederick Ave, Rockville, MD 20850	
Treasurer: Amanda G. Bergman	
Address: 9710 Traville Gateway Dr #115, Rockville, MD 20850	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13.	
(Signature of Director or Officer listed in number 12 of the application)	

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DISASTER RENTALS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 13, 2006.

Paul B. Anderson Charter Division

Faul B. Under

SECRETARY OF STATE TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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