

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 10 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000006489

1. Corporation Name

Rentex Inc.

REINSTATEMENT 08-10

000180732620
05/12/10--01001--006 **450.00

2. Principal Office Address - No P.O. Box #

110 Shawmut Rd

3. Mailing Office Address

110 Shawmut Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Canton MA

City & State

Canton MA

Zip

02021

Country

Zip

02021

Country

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

14/3/06

5. FEI Number

042721129

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

Jonathan Holland

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

1031 Elderberry Dr.

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

5/6/10

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Richard Flaherty	21 Snake Brook Rd	Wayland MA 01778
V.P.	Don Gashill	11 Scarlet Court	N. Easton MA 02356

10. E-mail Address:

PMacdonald@Rentex.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/10

Daytime Phone #

617 226 9571