

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT



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

00 DEC -6 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F59441**

1. Corporation Name
COAST LINE MARKING, INC.

2. Principal Office Address
1201 NAVY STREET
Suite, Apt. #, etc.

3. Mailing Office Address
c/o UNITED RENTALS
5 GREENWICH OFFICE PARK

City & State
TALLAHASSEE, FL
Zip
32301
Country
USA

City & State
GREENWICH, CT
Zip
06830
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **12/31/81**

5. FEI Number
592148089
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
CORPORATE SERVICES COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 NAVY STREET

100003496471-7
12/12/00 01023 012
***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 607.0506 or 617.0502, F.S.

Signature of Registered Agent
Merryl Weather
Date
12/4/00
REGISTERED AGENT MUST SIGN Authorized Person

8. 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
	"PLEASE SEE ATTACHED"		
		REINSTATEMENT	
			178

10. I certify that I am an officer or director of 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: **Peter R. Baglioni**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
12/1/00
Daytime Phone #
203-622-3131

UNITED RENTALS SUBSIDIARIES

List of Directors and Officers

President: John N. Milne*

Vice President: Michael Nolan*
Robert P. Miner*
Peter R. Borzilleri*
John S. McKinney**

Treasurer: Wayland R. Hicks*

Secretary: Michael J. Nolan*

Asst. Secretary: Robert P. Miner*
Peter R. Borzilleri*

Sole Director: John N. Milne*

*5 Greenwich Office Park, Greenwich, CT 06830

**1581 Cummins Drive, Modesto, CA 95358

