

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT # F72805 1. Corporation Name <p style="text-align: center;">SLAVIN RENTALS, INC.</p>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILED 99 JUL 16 PM 3: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900002946689--4 -07/30/99--01116--022 ***1350.00 ***1350.00	
Principal Place of Business 2431 Gulfstream Lane Ft. Lauderdale, FL 33312		Mailing Address Same 0399-14817	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida 3/16/82		5. FEI Number 59-2188772	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/V/T/S	JEFFREY SLAVIN	2431 Gulfstream Lane	Ft. Lauderdale, FL 33312
8. Name and Address of Current Registered Agent JEFFREY SLAVIN 2431 Gulfstream Lane Ft. Lauderdale, FL 33312		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _____ Date July 12, 1999 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JEFFREY SLAVIN July 12, 1999 Date Daytime Phone #	

HARRY J. ROSS
ADMITTED IN
FLORIDA & D.C.

RICHARD P. COHN

LAW OFFICES OF
HARRY J. ROSS
6100 GLADES ROAD
SUITE 211
BOCA RATON, FL 33434

(561) 482-2400
FAX: (561) 482-2602

July 14, 1999

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

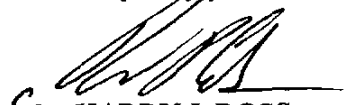
Re: Slavin Rentals, Inc.

To whom it may concern:

Pursuant to your request, please find enclosed a new Application for Reinstatement and filing fee of \$1350.00 for the above referenced corporation. Please forward to my office, as soon as possible, confirmation that the corporation has regained its active status.

Thank you for your attention to this matter.

Very truly yours,


for HARRY J. ROSS

HJR:bs

cc: client

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