PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 23 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000004686**

1. Corporation Name

**NATIONAL EQUIPMENT SALES & SERVICE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1300 ~~WALMUT~~ HILL LN #197<br>IRVING TX 75038-3000 | 1300 ~~WALMUT~~ HILL LN #197<br>IRVING TX 75038-3000 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 1300 WALNUT HILL LN #197 | 1300 WALNUT HILL LN #197 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business In Florida: 09/26/1995

5. FEI Number: 75-2596953 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| DDP | KOONTZ, DONALD F | 1300 ~~WALMUT~~ HILL LN #197<br>WALNUT | IRVING TX 75038 |
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| | | | |

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****200.00 ****200.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

CR2E040 (7/96)

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: SIGNATURE REQUIRED Date:
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (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 REQUIRED DONALD F KOONTZ 9-20-96 972-756-0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

National Equipment
Sales & Service, Inc.

(2)

September 20, 1996

FLORIDA DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

Enclosed per instruction of Sammy Caldwell in your office, please find my check in the amount of $200.00 for my Annual Report fee. Additional penalty fees have been waived due to the fact that this office did not receive the two prior notices of renewal.

Thank you for your attention to this matter.

Sincerely,

Donald F. Koontz
President

Westridge Office Center 1300 Walnut Hill Lane Suite 197 Irving, TX 75038 214-756-0787 FAX 800-316-6377