

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F95000004686

1. Corporation Name

NATIONAL EQUIPMENT SALES & SERVICE, INC.

FILED

96 SEP 23 PM 1:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1300 WALNUT HILL LN #197
IRVING TX 75038-3000**

**1300 WALNUT HILL LN #197
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

1300 WALNUT HILL LN #197
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

1300 WALNUT HILL LN #197
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1995

5. FEI Number

75-2596953

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DOP	KOONTZ, DONALD F	1300 WALNUT HILL LN #197 WALNUT	IRVING TX 75038
			700001970717 -10/10/96--01058--010 ***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

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald F Koontz

9-20-96

Date

972-766-0787

Daytime Phone #

CR2000 (7/95)



National Equipment

Sales & Service, Inc.

2

September 20, 1996

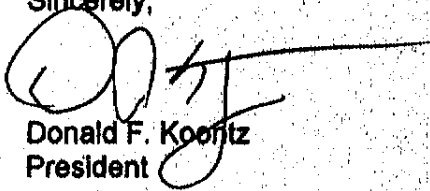
FLORIDA DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314-6327

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