

11/19/01 MON 21:49 FAX 305 513 4156

NEFF RENTAL

002


*Page 1 of 2*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 DEC -7 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DOCUMENT # **F95000006219**

1. Corporation Name  
**NEFF CORP.**

2. Principal Office Address  
**3750 NW 87 AVE**  
 Suite, Apt. #, etc.  
**SUITE 400**  
 City & State  
**MIAMI, FL**  
 Zip  
**33178** Country  
**USA**

3. Mailing Office Address  
**3750 NW 87 AVE**  
 Suite, Apt. #, etc.  
**SUITE 400**  
 City & State  
**MIAMI, FL**  
 Zip  
**33178** Country  
**USA**

900004717359--7  
-12/10/01--01108--013  
\*\*\*\*308.75 \*\*\*\*308.75

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**65-0626400** 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  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

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 807.0505 or 617.0503, F.S.

Signature of Registered Agent *Jaymeene N. Currier* Date *11/21/01*  
 REGISTERED AGENT MUST SIGN

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
PRES	PETE GLADIS	3750 NW 87 AVE Suite 400	Miami, FL 33178
Treas.	MARK IMON	3750 NW 87 AVE Suite 400	Miami FL 33178

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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: *Pete Gladis* **PETE GLADIS** Date *11/21/01* 305-513-3350  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED (1/20/01)



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November 26, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

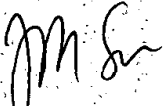
Dear Sir or Madam:

We are applying for reinstatement as we learned that our corporate status was revoked on 9/22/2000 for failing to file a corporate report.

We believe that we did not file the report because it was not received by us or possibly there was a mishandling of mail within our organization. We have filed all reports with other states so we believe we probably did not receive it. After speaking with your office, we are enclosing a check for \$308.75, which represents \$150 corporate fee for both FY 2000 and FY 2001, and the certificate of status fee. We are also enclosing as you requested a corporation reinstatement form.

Please do not hesitate to contact me if you have any questions regarding this matter at (305)-513-3350 x.255.

Thank you for your consideration,

  
Jack Sites  
Neff Corp.  
Corporate Reporting