

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -1 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006972

1. Corporation Name

REMSBERG TENT RENTALS, INC.

Principal Place of Business

Mailing Address

285 BUCHMEIER ROAD  
PO BOX 682  
FREDERICK MD 21705

285 BUCHMEIER ROAD  
PO BOX 682  
FREDERICK MD 21705



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

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1384205

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
CEO/D	REMSBERG, DOUGLAS A	33 MAIN STREET	WALKERSVILLE MD 21793
DV	REMSBERG, DENNIS E	2803 WILDWOOD COURT	WALKERSVILLE MD 21793
DV	POSTON, GEORGE W	#8 OTTERS RUN	DURHAM NC 27712
CFOP	RUFFNER, WILLARD D	10328 OLD ANNAPOLIS ROAD	WALKERSVILLE MD 21793
TSD	REMSBERG, BRIAN	2808 SPINDLE LANE	BOWIE MD 20715

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. 300003038993--3  
City 11/09/99--01012--011  
\*\*\*750.00 \*\*\*750.00  
FL

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

*Korria A. Behler*

KORRIA A. BEHLER

Date 10/19/99

REGISTERED AGENT MUST SIGN Special Assistant Secretary

11. 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:

*Willard D. Ruffner*

WILLARD D. RUFFNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT, CFO

Date 10/25/99

Daytime Phone 301-698-5840

CR2090 (8/97)