PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Secretary of State Division of corporations	SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT -4 PM 12: 26
DOCUMENT # F9900002290 1. Corporation Name SVC Equipment company	10/5/03
2. Principal Office Address - No P.O. Box # 555 W. Honroe St. Too Anderson Hill Rd. Suite, Apt. #, etc. Suite, Apt. #, etc.	REINSTATEMENT 67
mail cade 9-11 /3 138	4. Date Incorporated or Qualified To Do Business in Florida 5/4/199
Chicago, The Revenage, D.J. Zip Country Zip Country COCCOL USA 10577 USA	5. FEI Number 3 (43 (43 44) CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	10 a continuate of Status
Name DRAT Services The. Street Address (P.O. Box Number is Not Acceptable) AT31 Executive Pork Drive Suite, Apt. #, Etc. STE. 4 City Weston State Zip Code FL 33331	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zin
Dir/ Tree, Darrell J. Thomas 700 Anderson Hill P Dir/ VP Christine Criff 700 Anderson H	3d. Purchase, 10:577
	, ,
VP Thomas D. Salcito 700 Anderson Hil	
"VP Charles Mueller 700 Anderson Hill VP As Karen Hunter 700 Anderson Hill	
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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 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 contained in Chapter 119, 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:	