

CAPITAL CONNECTION 850 222 1222

10/10 '00 12:43 NO. 339/02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 OCT 11 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004818

1. Corporation Name

United Rentals (North America), Inc.

200003455102--6

-11/07/00--01066--011

****758.75 ****758.75

2. Principal Office Address

Five Greenwich
Office Park

3. Mailing Office Address

Five Greenwich
Office Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenwich, CT

City & State

Greenwich, CT

Zip

06830

Country

USA

Zip

06830

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/99

5. FBI Number

061493538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒337a Application for reinstatement
for a foreign corporation

7. Name and Address of Current Registered Agent

Name

Capital Connection, Inc.

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

417 East Virginia Street

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State
FLZip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Lance L. McEl

Capital Connection, Inc.

Date

10/11/00

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
CD	Bradley S. Jacobs	Five Greenwich Office Park	Greenwich, CT 06830
VD	John N. Milne	Five Greenwich Office Park	Greenwich, CT 06830
D	Wayland R. Hicks	Five Greenwich Office Park	Greenwich, CT 06830
PD	William F. Berry	Five Greenwich Office Park	Greenwich, CT 06830
AS	Michael J. Nolan	Five Greenwich Office Park	Greenwich, CT 06830
V	John S. McKinney	Five Greenwich Office Park	Greenwich, CT 06830

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 under section 119.07(2)(b), 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

Michael J. Nolan

Date

10/12/00

Daytime Phone #

(203)
618-7135