PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 14 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K87509

1. Corporation Name

Marsten/THG Modular Leasing Corporation

Principal Place of Business	Mailing Address
333 E. Douglas Rd. Oldsmar, FL 34677	P. O. Box 12210 Oldsmar, FL 34677

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
4020 50th Street South
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33619-3728 Country: USA

3. New Mailing Address, If Applicable
4020 50th Street South
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33619-3728 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/11/1989

5. FEI Number: 65-0122539 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Alexandre Walewski	4020 50th Street South	Tampa, FL 33619
VD	Thomas Weber	2137 Jacksonville Street	Ft. Myers, FL 33916
STD	E. Ray Jackson	4020 50th Street South	Tampa, FL 33619
			600002009656--0
			-11/20/96--01053--010
			****383.75 ****383.75
			JB 11-18-96

8. Name and Address of Current Registered Agent

John W. Holcombe
333 E. Douglas Rd.
Oldsmar, FL 34677

9. Name and Address of New Registered Agent

Name: Thomas Weber
Street Address (P.O. Box Number is Not Acceptable): 2137 Jacksonville St.
Suite, Apt. #, Etc.:
City: Ft. Myers State: FL Zip Code: 33916

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: Thomas Weber
REGISTERED AGENT MUST SIGN
Date: 11/13/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Edward Ray Jackson 11/13/96 813-242-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)