

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
in conjunction with
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 06 AM 11:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013330

Name and Mailing Address

0004910 01 FP 0.352 **PRSR T5 0 0615 33610-670301



UNITED HOIST RENTALS, LLC
4301 NORTH 40TH STREET
TAMPA FL 33610-6703

100008818121
11/06/02--01027--015 **150.00



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 08/08/2001		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business 4301 NORTH 40TH STREET TAMPA FL 33610		3. New Principal Place of Business Address City, State, Zip	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent RAINS, JOHN H III 501 E. KENNEDY BLVD., SUITE 750 TAMPA FL 33602		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PULLARD, JOHN A	4301 NORTH 40TH STREET	TAMPA FL 33610

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager _____ Date Oct 28/02 Daytime Phone # 813-740-0535

Typed or printed name of signing Managing Member/Manager