2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000069908

Entity Name: L.A. EQUIPMENT RENTAL, LLC

FILED Oct 11, 2005 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

2401 GRETCHEN AVE S 2401 GRETCHEN AVE S

LEHIGH ACRES, FL 33971 US SUITE G

LEHIGH ACRES, FL 33971 US

Current Mailing Address: New Mailing Address:

2401 GRETCHEN AVE S 2401 GRETCHEN AVE S

LEHIGH ACRES, FL 33971 US SUITE G

LEHIGH ACRES, FL 33971 US

FEI Number: 20-1676607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELACRUZ, GUADALUPE 322 GUNNERY ROAD S SUITE B

LEHIGH ACRES, FL 33971 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GUADALUPE DELACRUZ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DELACRUZ, GUADALUPE
 Name:

 Address:
 322 GUNNERY ROAD S, SUITE B
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33971 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DELACRUZ, MELISSA
 Name:

 Address:
 322 GUNNERY ROAD S, SUITE B
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33971 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEVINE, RICHARD D JR.
 Name:
 Address:
 Address:
 Address:
 Address:
 City-St-Zip:

 City-St-Zip:
 LEHIGH ACRES, FL 33936 US
 City-St-Zip:
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEVINE, DEBRA S
 Name:

 Address:
 853 PORTER STREET
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33936 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MELISSA DELACRUZ MGMR 10/11/2005