PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
Secretary of State
DIVISION OF CORPORATIONS



07 NOV -6 PM 12: 12

REINSTATEMENT DIVISION OF CORPORATIONS						SECRETARY OF STATE TALLAHASSEE FLORIDA		
DOCUMENT # L_0500039859 1. Limited Liability Company's Name						7	ALLAHASSEE FLURIDA	
Mohler Rentals LLC							per .	
2. Principal Office Address - No P.O. Box # 6902 Shimmering Drive 6902 S					Office Address Shimmering Drive		CR2E041 (1/07) 4. State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. Date Organized or Qualified To Do Business in Florida		
Lakeland, FL			Lakeland, FL			6. FEI Number 20-27		
^z 3381	3	USA	33813	3	USA	7. CERTIFICATE	S5.00 Additional Fee required for a Certificate of Status	
Name and Address of Current Registered Name Martha Bell Street Address (P. O. Box Number is Not Acceptable) 3500 S Florida Ave Ste 5 Suite, Apt. #, Etc.					nt	A \$100 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 \$100 reinstatement be waived.		
L ^{ity} akeland					State 33803			
9. I, being appointed the registered agent of the above pamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 10/15/07 REGISTERED AGENT MUST SIGN								
10. Names and Street Addresses of Managing Members/Managers								
Titles	Titles Name of Managing Members/ Managers				Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Michael Mohler			6902 Shimmering Drive		g Drive	Lakeland, FL 33813	
				300111562853 11/01/0701004016 **300.00				
	REINSTATEMENT 06.07							
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11. 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 filling 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 Date Daytime Phone # 23 - 98 - 353 -								