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LIMITED LIABILITY REINSTATEMENT
ALLIED RENTALS, LLC

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000095678

1. Limited Liability Company's Name
ALLIED RENTALS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3075 NW South River Drive	3075 NW South River Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, Fl.
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/29/2006

6. FEI Number: 20-5704569 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for certificate of status

NOV 24 2015

L. SELLERS

8. Name and Address of Current Registered Agent

Name: Howard W. Gordon, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1395 Brickell Avenue

Apt. #, Ste.: 14th Floor

City: Miami | State: FL | Zip Code: 33131

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 23 Nov 15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bruno E. Ramos	3075 NW South River Drive	Miami, FL 33142

REINSTATEMENT 2009-2015

11. E-mail Address: hgordon@fowler-white.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 11/23/2015 Daytime Phone #: 305-491-7192

Typed or printed name of signing authorized representative/member: Bruno E. Ramos, as Manager

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