

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

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Phone : (305) 789-9200
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LIMITED LIABILITY REINSTATEMENT
ALLIED RENTALS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,071.25

Electronic Filing Menu

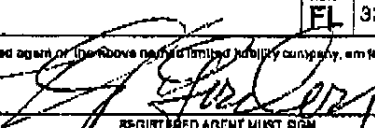
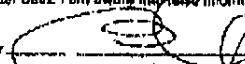
Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L0800009587B					
1. Limited Liability Company's Name ALLIED RENTALS, LLC					
2. Principal Office Address - No P.O. Box 3075 NW South River Drive			3. Mailing Office Address 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. Name and Address of Current Registered Agent Name Howard W. Gordon, Esq. Street Address (P.O. Box Number is Not Acceptable) Suite, 1305 Brickell Avenue Apt. #, Etc. 14th Floor City Miami				5. Date Organized or Qualified To Do Business in Florida 09/29/2006	
6. State FL				6. ZIP Code 33131	
7. Certificate of Status Desired ☒ Yes, on condition I am required to file a certificate of status					
8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 006, F.S. Signature of Registered Agent  Date 23 Nov 15 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	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					
10. E-mail Address hgordon@fowler-white.com (To be used for future annual report notifications)					
11. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 006, 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 006.0012, F.S., and that all taxes 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 the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 017.166, F.S.					
Signature of authorized representative/member  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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