

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M07750

FILED
Jan 02, 2008
Secretary of State

Entity Name: PHILLIPS EQUIPMENT RENTAL, INC.

Current Principal Place of Business:

6900 CARISSA CIRCLE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

PO BOX 292414
DAVIE, FL 33329

New Mailing Address:

FEI Number: 59-2468697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILLIPS, JOHN
6900 CARISSA CIRCLE
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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: JOHN PHILLIPS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: PHILLIPS, JOHN,
Address: 6900 CARISSA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V () Delete
Name: REMER, KEVIN
Address: 119 SW 128 AVENUE
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PHILLIPS

PTS

01/02/2008

Electronic Signature of Signing Officer or Director

Date