APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 14 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** M97000000128

National Equipment Sales Company LLC
700 S. Federal Highway, Suite 200
Boca Raton, FL 33432

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 700 S. Federal Hwy. | |
| Suite, Apt. #, etc.: Suite 200 | Suite, Apt. #, etc. |
| City & State: Boca Raton, FL | City & State |
| Zip: 33432 Country: USA | Zip Country |

| 3. Date Organized or Qualified | 3a. State of Formation |
|---|---|
| 10/01/96 05/25/99 | Delaware |
| 4. FEI Number: 65-0698731 | ☐ Applied For ☐ Not Applicable |
| 5. Date of Last Report: 1998 | 6. Certificate of Status Desired ☐ |

| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent |
|---|---|
| Stacy McMillen<br>700 S. Federal Highway<br>Suite 200<br>Boca Raton, FL 33432 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City FL Zip Code |

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Stacy McMillen Date 7-13-99
REGISTERED AGENT MUST SIGN

| 10. Title | Managing Members/Managers | Business Street Address | City, State & Zip Code |
|---|---|---|---|
| MM/CEO | Gary L. Shapiro | 700 S. Federal Hwy. | Boca Raton, FL 33432 |
| MM/Pres. | David B. Goose | 134 Coastline Road | Sanford, FL 32771 |

300002936983--3
-07/20/99--01095--024
****877.50 ****877.50

98-99

**REINSTATEMENT**

SC 7-14-99

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 filing 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 [signature] Date 7/13/99 Daytime Phone # 561-417-0090

Typed or printed name of signing Managing Member/Manager Gary L. Shapiro

CR2E041 12/95