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
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # M97000000128

1. Name and Mailing Address of Limited Liability Company

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: 700 S. Federal Hwy.	2a. Mailing Address:
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: 10/01/96 05/25/99	3a. State of Formation: 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 700 S. Federal Highway Suite 200 Boca Raton, FL 33432	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: 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

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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 608.405, 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

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