

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
M97000000128

FILED

03 OCT 24 PM 1:17

1. DOCUMENT # M97000000128
Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003107 01 AT 0.292 **AUTO T4 0 0615 32771-666034
NATIONAL EQUIPMENT SALES COMPANY LLC
134 COASTLINE ROAD
SANFORD FL 32771-6660



CR2E034 (7/03)

2. New Mailing Address P.O. BOX 27-3369		4. State/Country of Formation DE	
City, State, Zip BOCA RATON, FL 33427-3369		5. Date Organized or Qualified To Do Business in Florida 03/14/1997	
Principal Place of Business 134 COASTLINE ROAD SANFORD FL 32771	3. New Principal Place of Business Address 4250 ST. Johns Parkway City, State, Zip SANFORD, FL 32771	6. FEI Number 65-0698731	Applied For Not Applicable
		7. CERTIFICATE OF STATUS-DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent GOOSE, DAVID 134 COASTLINE ROAD SANFORD FL 32771	9. Name and Address of New Registered Agent Name WILLIAM E. McMILLEN Street Address (P.O. Box Number is Not Acceptable) 22107 MANTELLA AVE City BOCA RATON FL Zip Code 33433
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10. 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 REQUIRED Date 10/22/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GOOSE, DAVID	134 COASTLINE ROAD 4250 ST. Johns Parkway	SANFORD FL 32771
MGRM	SHAPIRO, GARY L	P.O. BOX 27-3369 24 279	BOCA RATON FL 33427-3369 CHRISTIAN STED, ST CROIX U.S.V.I 00824

12. 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 REQUIRED Date 10/22/03 Daytime Phone # 561-391-6851

Typed or printed name of signing Managing Member/Manager