

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 PM 3:33

DOCUMENT # P0000030721

1. Corporation Name

EQUIPMENT SENTER, INC.

2. Principal Office Address

307SE PineWood Trl.

Suite, Apt. #, etc.

3. Mailing Office Address

307SE PineWood Trl.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FLORIDA

City & State

PORT ST LUCIE, FLORIDA

Zip

34952

Country

US

Zip

34952

Country

US

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3-27-2000

5. FEI Number

59-3642016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NATHAN SENTER

Street Address (P.O. Box Number is Not Acceptable)

307SE PINEWOOD TRAIL

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34952

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Nathan Senter

Date

1-6-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NATHAN SENTER	307 SE PINEWOOD TR	PORT ST LUCIE

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Nathan Senter

NATHAN SENTER

Date

1-6-04

Daytime Phone #

772 528 1282

CR2E081 (10/02)