

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 23 PM 1:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009817

1. Corporation Name
Continental Equipment Services, Inc

2. Principal Office Address - No P.O. Box # 26945 Green		3. Mailing Office Address 26945 Green	
Suite, Apt. #, etc. Willow Run		Suite, Apt. #, etc. Willow Run	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL	
Zip 33544	Country U.S.	Zip 33544	Country U.S.

REINSTATEMENT 06-07

4. Date Incorporated or Qualified To Do Business in Florida 1/26/2001	
5. FEI Number 593698647	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Shaun Martin			
Street Address (P.O. Box Number is Not Acceptable) 26945 Green Willow Run			
Suite, Apt. #, Etc.			
City Wesley Chapel	State FL	Zip Code 33544	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 	Date 2/12/07
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
Pres	Shaun Martin	26945 Green Willow Run	Wesley Chapel FL 33544
✓	"	"	"
T	"	"	"
S	"	"	"
			100095813001 04/05/07--01006--011 ***308.75

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 contained in Chapter 119, 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: 	2/12/07	813-340-5062
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #