

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Continental Equipment Services, Inc. P01000009817

2. Principal Office Address

26945 Green Willow Run

Suite, Apt. #, etc.

City & State

Wesley Chapel, Florida

Zip

33544

Country

U.S.

3. Mailing Office Address

26945 Green Willow Run

Suite, Apt. #, etc.

City & State

Wesley Chapel, Florida

Zip

33544

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/2001

5. FEI Number

59-3698647

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

Shaun Robert 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

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

REGISTERED AGENT MUST SIGN

Date 1/23/03

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,V,T,S	Shaun Martin	26945 Green Willow Run	Wesley Chapel, Florida 33544

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shaun R Martin

Date

1/23/03

Daytime Phone #

813-340-5000

CR2E081 (10/02)

28 1/28

Continental Equipment Services, Inc.

26945 Green Willow Run
Wesley Chapel, Florida 33544
Phone (813) 340-5062
Fax (813) 907-2496

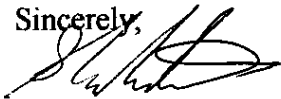
January 24, 2003

Department of State
Division of Incorporations
P.O. Box 6327
Tallahassee, Fl. 32314

To whom this may concern.,

I have just recently been informed that the corporation has been put into non-active status for failure to send in our annual report. My accountant had filed for the corporation under an old business address, therefore, we never received our annual report. I have enclosed a check for \$308.75, along with this letter, and the reinstatement form as requested by one of your agents. I was told this would cover the re-instatement and a certificate of status. Thank you for your help.

Sincerely,



Shaun Martin