

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000093855

1. Corporation Name

A & E RENTALS, INC.

Principal Place of Business

9373 W. SAMPLE RD. SUITE 203
CORAL SPRINGS FL 33065

Mailing Address

9373 W. SAMPLE RD. SUITE 203
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

876 NW 123 Dr

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

876 NW 123 Dr

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/25/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|------------------------|
| PTD | ROBINSON, ERIC | 876 N.W. 123 DRIVE | CORAL SPRINGS FL 33065 |
| SD | ROBINSON, ADAM | 876 N.W. 123 DRIVE | CORAL SPRINGS FL 33065 |
| | | | |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

WALSH, GERALD V
9500 N.W. 37TH COURT
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Eric L Robinson

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

876 NW 123 Dr

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/01 954-673-1007

DEAR Sirs,

PLEASE Reinstate our
Corporate A+E Rentals inc

we did not receive

Any of the notices
prior @ our ^{old} principal

place of business

AND our registered

Agent has changed