



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000100989 1. Entity Name BANNER RENTALS, INC.						FILED 05 SEP 30 PM 6:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 725 W. CENTRAL AVE. WINTER HAVEN, FL 33880 US				Mailing Address P. O. BOX 7013 WINTER HAVEN, FL 33883-7013 US			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 01-05 09192005 REIN-P 092E098 (6704)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3752311		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
EISINGER, ANNE W 725 W. CENTRAL AVE. WINTER HAVEN, FL 33880				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____				DATE 9/26/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EISINGER, ANNE W			NAME	400060244894		
STREET ADDRESS	725 W. CENTRAL AVE.			STREET ADDRESS	10/05/05--01010--018 **900.00		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP	10/05/05--01010--018 **900.00		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EISINGER, RICHARD H			NAME	Winter Haven, FL 33880		
STREET ADDRESS	725 W. CENTRAL AVE.			STREET ADDRESS	Winter Haven, FL 33880		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP	Winter Haven, FL 33880		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____				Date 9/26/05 863- Daytime Phone # 297-3400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							