PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 07 MAR 14 AM 10: 15 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** TALLAHASSEE, FLORIDA DOCUMENT # P020000 42612 **300093744943** 03/19/07--01051--025 \*\*450.00 WORLDWIDE EQUIPMENT RENTALS, INC REINSTATEMENT 2. Principal Office Address - No P.O. Box # 19990 SW 184 ST 3. Mailing Office Address K. Sckel MAR 472007 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number 04-3673482 Applied For HORINA MIMI Not Applicable Country US A Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 33187 7. Name and Address of Current Registered Agent DENNIS The reinstatement fee is imposed, except in FIBALGO circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. State Zip Code MIANI 33117 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip DENNIS FIDALGO 19990 SWI 184 ST 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

Florida Department of Revenue Tallahassee, Fl 32399-0135

March 12, 2007

InRe: Worlwide Equipment Rentals, Inc. P02000042612

## Gentlemen:

Enclosed is a check for \$450 to reinstate my company Worldwide Equipment Rentals, Inc. Please remove any penalty because the reason this is so late is that I never received the notice to pay my annual report.

Please check your files and remove any penalties due.

Sincerely yours,

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