

05/14/2004

09:30

CCRS → 2050384

NO. 259

P02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

H040001054183

04 MAY 14 PM 2:06

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702000054566

1. Corporation Name

S+B Rentals Inc

REINSTATEMENT 03-04

2. Principal Office Address

Suite, Apt. #, etc.

701 NW 7th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

PO Box 612601

City & State

Hollywood FL

City & State

N MIAMI FL

Zip

33009

Country

USA

Zip

33181

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-29-02

5. FEI Number

01-0691876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐30/70 Addition to
not a Certificate of

7. Name and Address of Current Registered Agent

Name

John Shoup

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

1401 SE 15th Street

Suite, Apt. #, Etc.

Apt III

City

FT LAUDERDALE

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0205, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/13/04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John Shoup	PO Box 612601	N MIAMI FL 33181

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)(b), 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

Date

Daytime Phone #

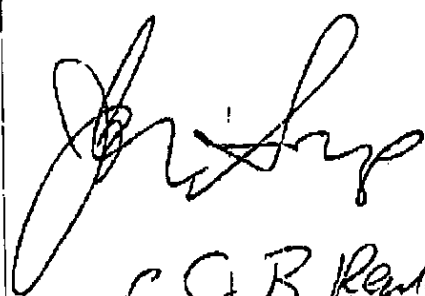
5/13/04 786-326-2640

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WIC National Conference 2000
Dundee, Texas

I, John Sharp of S+B Rentals Inc
Do hereby request that the
re instatement fee be waived b/c
I did not receive UBR.


Pres. of S+B Rentals
Inc

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

1224.26237

CORPORATION REINSTATEMENT

S & B RENTALS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

\$ 300.⁰⁰

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