PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000090486**

1. Corporation Name

MIAMI TOOL RENTAL, INC.

Principal Place of Business	Mailing Address
10178 WEST FLAGLER STREET MIAMI FL 33174	10178 WEST FLAGLER STREET MIAMI FL 33174

REINSTATEMENT 07

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/2002

5. FEI Number: 54-2069290 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LEYTE-VIDAL, YANI	9610 SW GRAND CANAL DRIVE	MIAMI FL 33174

600024179586
10/27/03--01118--024 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEYTE-VIDAL, YANI 9610 SW GRAND CANAL DRIVE MIAMI FL 33174	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: Y. S. Leyte-Vidal — Date: 10/23/03
REGISTERED AGENT MUST SIGN

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: Y. S. Leyte-Vidal — 10/23/03 — (305) 221-2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIA'S INCOME TAX & ACCOUNTING SERVICES, INC.
5042 NW 188TH STREET
MIAMI, FL 33055
(305) 624-7781

October 23, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Subject: Miami Tool Rental, Inc.
Ref. Number: P02000090486

Dear Sir/Madam:

Attached please find the completed UBR for 2003.

The client did not receive the UBR and was not aware that he has to file a UBR every year. But, now that this accounting office is taking care of his accounting needs, this will never happen again.

Please see copy of letter which was sent to Department of State on September 25, 2003. (See copy A)
Also, please see copy of letter received from Department of State. (See copy B).
Please waive the $600.00. Attached is a check in the amount of $150.00.

Should you have any questions, please do not hesitate to contact this office.

Thank you.

M. Cernadas

Maria Cernadas
Accountant

MC/ms
Enclosures

cc: Miami Tool Rental Inc.