

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000171568

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** BROWARD TRAILER & EQUIPMENT , INC.

**Current Principal Place of Business:**

2300 STATE ROAD 84  
DANIA, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 260182  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 13-4290760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEIBOWITZ, SUSAN  
5139 WATERS EDGE WAY  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SUSAN LEIBOWITZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LEIBOWITZ, ALAN D  
**Address:** 5139 WATERS EDGE WAY  
**City-St-Zip:** COOPER CITY, FL 33330

**Title:** V.P.  
**Name:** HERSHKOWITZ, STEVEN I  
**Address:** 11964 NW 9TH STREET  
**City-St-Zip:** CORAL SPRINGS, FL 33171

**Title:** SEC  
**Name:** LEIBOWITZ, SUSAN  
**Address:** 5139 WATERS EDGE WAY  
**City-St-Zip:** COOPER CITY, FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN LEIBOWITZ

SEC

04/05/2010

Electronic Signature of Signing Officer or Director

Date