FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 28 PM 2:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33493

1. Corporation Name
REAGAN EQUIPMENT CO., INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
2550 Belle Chasse Highway	2550 Belle Chasse Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gretna, LA	City & State: Gretna, LA
Zip: 70053 Country: US	Zip: 70053 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 4/8/91

5. FEI Number: 721184702

Amount For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

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-10/08/01--01085--027
****758.75 ****758.75

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, accept all responsibilities and the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Victor Alfano VICTOR ALFANO ASSISTANT SECRETARY Date: 9-27-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Reagan, Thomas Nathan	721 Governor Nicholls St.	New Orleans, LA
V/S/D	Farrell, John J., III	4305 Lake Villa Drive	Metairie, LA
V/T	Grady Edward Rolland	545 Glendale Drive	Metairie, LA

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)(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: Reagan Equipment Co. Inc John J. Farrell Exec. V.P./Secy 9/26/01 (504) 368-9760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN J. FARRELL, III, SECRETARY/VICE PRES.