

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -9 PM 4:48

DOCUMENT # P93000054034

1. Corporation Name

Southwest Rental Corp.

800062042518
12/09/05--01039--002 **750.00

REINSTATEMENT

DS

2. Principal Office Address

1801 S. Pennsylvania Avenue

3. Mailing Office Address

P.O. Box 299 1801 S. Pennsylvania

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Morrisville, PA

City & State

Morrisville, PA

Zip

19067-0299

Country

USA

Zip

19067-0299

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 8/2/1993

5. FEI Number

65-0426467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen R. Tranovich

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

4811 Island Pond Ct.

Suite, Apt. #, Etc.

Suite 1003

City

Bonita Springs

State

FL

Zip Code

33923-3434

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

Stephen R. Tranovich

REGISTERED AGENT MUST SIGN

Date

12/6/05

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
PTSD	Thomas S. Tranovich	1801 S. Pennsylvania Avenue	Morrisville, PA 19067-0299

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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS S. TRANOVICH

Date

12/7/05

Daytime Phone #

(267)
981-7502

12/9/05