

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000043747

1. Entity Name
FIRST QUALITY EQUIPMENT RENTALS, INC.



05 SEP 23 PM 12:38

Principal Place of Business

410 W 29 ST
HIALEAH, FL 33012

Mailing Address

410 W 29 ST
HIALEAH, FL 33012

2. Principal Place of Business

2392 W 80 ST

3. Mailing Address

2392 W 80 ST

Suite, Apt. #, etc.

/

Suite, Apt. #, etc.

/



09192005

REIN-P

CR2E098 (6/04)

05

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0586474

Applied For

Not Applicable

Zip

33016

Country

U.S.A

Zip

33016

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LUIS
3027 N.W 17TH ST.
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name

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

2392 W 80 ST SUITE 1

City

HIALEAH

FL

Zip Code

33016

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

LUIS LOPEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

9-19-05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME LOPEZ, LUIS
STREET ADDRESS 8040 TATUM WATERWAY DR APT 16
CITY-ST-ZIP MIAMI, FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2392 W 80 ST, SUITE 1
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100059898591
09/23/05--01042--004 **300.00

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☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

9-19-05 305-823-340x

Date Daytime Phone #