

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 9:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000065830**

1. Corporation Name

South Florida Trailer Rental, Inc.

Principal Place of Business

**3100 Fairways Dr
 Homestead FL 33035**

Mailing Address

**3100 Fairways Dr
 Homestead FL 33035**

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

8-23-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0834910

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Paul Floody	3100 Fairways Dr Homestead FL 33035	Homestead FL 33035
V. Pres	Carrick Floody	3100 Fairways Dr	Homestead FL 33035
Sec	Carrick Floody	3100 Fairways Dr	Homestead FL 33035
Treas	Paul Floody	3100 Fairways Dr	Homestead FL 33035

8. Name and Address of Current Registered Agent

**Paul Floody
 3100 Fairways Dr.
 Homestead FL 33035**

9. Name and Address of New Registered Agent

Name

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

900002702129--5

Suite, Apt. #, Etc.

-12/03/98-01087--006

City

***750.00

***750.00

State

Zip Code

FL

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.

Signature of Registered Agent

Paul Floody

REGISTERED AGENT MUST SIGN

Date **11-24-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information on Intangible tax.)

12. 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)(f), 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:

Paul Floody - Paul Floody Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-24-98**

305-230-1334
 Daytime Phone #

CR2040 (1/98)