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
97 DEC 22 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 97ao

DOCUMENT # P95000083804

1. Corporation Name
EQUIPMENT LOCATION SERVICES, INC.

Principal Place of Business	Mailing Address
~~2431 ALOMA AVENUE~~	~~2431 ALOMA AVENUE~~
~~SUITE 149~~	~~SUITE 149~~
~~WINTER PARK FL 32792~~	~~WINTER PARK FL 32792~~
US	US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7081 GRAND NATIONAL DR	7081 GRAND NATIONAL DR
Suite, Apt. #, etc.: SUITE 106	Suite, Apt. #, etc.: SUITE 106
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32819 Country: ORANGE	Zip: 32819 Country: ORANGE

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/1995

5. FEI Number: 59-3326810 ☐ Applied For ☐ Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TRACY, LYNN	~~2431 ALOMA AVE SUITE 149~~	~~WINTER PARK FL 32792~~
		7081 GRAND NATIONAL DR SUITE 106	ORLANDO, FLORIDA 32819
			900002383869--2 -12/26/97--01103--021 ****500.00 ****500.00
			900002383869--2 -12/26/97--01103--022 ****250.00

8. Name and Address of Current Registered Agent

TRACY, LYNN
2431 ALOMA AVENUE
SUITE 149
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name: TRACY, LYNN
Street Address (P.O. Box Number is Not Acceptable): 7081 GRAND NATIONAL DR.
Suite, Apt. #, Etc.: SUITE 106
City: ORLANDO State: FL Zip Code: 32819

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: Lynn Tracy REGISTERED AGENT MUST SIGN Date 12-18-97

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)(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: Lynn Tracy 12-18-97 407 363 0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)