PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State DIVISION OF CORPORATIONS 98 JUN 29 PM 1:21 DOCUMENT # P950000 94826 B & S EQUIPMENTS OF FLORIDA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 1784 W Flacler ST., Mailing Address 11:21 MIAMI, FL 33135 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apl. #, etc Suite, Apt. #, etc. 5. FEI Number Applied For 65-0628328 City & State City & State Not Applicable Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Stat 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Trtle(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip P. SAUTOS 1784 W. FLOSIERST. #21 MIAMI, FL 33135 600002588316--0 -07/14/98--01054--010 ****500.00 ****50n.0n -07/14/98--01054 9. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent SERGIA P. SONTOS 1784 W FLOGIER GT. Street Address (P.O. Box Number is Not Acceptable) Nº 21 Suite, Apt. #, Etc. MIAMI, FL 33135 City State Zip Code 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 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) intangible Personal Property fax due June 30. 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR