

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000097370**

1. Corporation Name

**A & I RENTAL SALES & SERVICE CO.**

Principal Place of Business

Mailing Address

6257 147TH AVE NORTH  
 CLEARWATER FL 33760  
 US

P.O. BOX 1641  
 LARGO FL 34649-1641

**33779-1641**

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3355250

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>P</del>	<del>AKINS, CHARLIE B</del>	<del>11744 127TH AVE N</del>	<del>LARGO FL 33770</del> <i>Delate</i>
<del>VP</del>	<del>AKINS, GARY</del>	<del>3746 136TH AVE N</del>	<del>LARGO FL 33773</del> <i>33771</i>
	<i>P.T AKINS, GARY</i>	<i>3746-136th Ave NO</i>	<i>Largo, FL 33771</i>
	<i>VP Mike, Andrew J</i>	<i>1621 W. Washington Ave</i>	<i>Clearwater, FL 34615</i>
			000023969840 10/21/03--01061--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PITTS, CHARLIE B  
 11744 127TH AVENUE  
 LARGO FL 33778

Name *GARY AKINS*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3746-136th Ave NO*  
 Suite, Apt. #, Etc.  
 City *Largo, FL* State **FL** Zip Code *33771*

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. or 617.0505, F.S.

Signature of Registered Agent

*GARY AKINS*  
 REGISTERED AGENT MUST SIGN

Date

*10/16/03*

11. 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:

*GARY AKINS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/16/03 727 524-8959*

CR2E040 (7/03)

**A & I RENTAL SALES & SERVICE**  
**P O BOX 1641**  
**LARGO, FL 33779-1641**  
**727-524-8959**

**October 10, 2003**

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Dear Sir:

I am asking as President of A & I Rental, Sales and Service if you would waive the Reinstatement Fee. I did not receive any of the UBR Report prior to this Dissolution Form.

Charlie B. Akins is no longer member of this Corporation.

Thank you,

  
Gary Akins