H05000002228 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026618

1. Corporation Name

U.S.A. RENTALS INC.

REINSTATEMENT 94-05

2. Principal Office Address	3. Mailing Office Address
42 Piedmont Drive	42 Piedmont Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, FL	City & State: Palm Coast, FL
Zip: 32164 Country: USA	Zip: 32164 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/21/1996

5. FEI Number: 593369286 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Anthony R. Crow

Street Address (P.O. Box Number is Not Acceptable): 42 Piedmont Drive

Suite, Apt. #, Etc.:

City: Palm Coast | State: FL | Zip Code: 32164

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 01/04/05

REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Anthony R. Crow	42 Piedmont Drive	Palm Coast, FL 32164
P/T/S	Anthony R. Crow	42 Piedmont Drive	Palm Coast, FL 32164

10. I certify that I am an officer or director of 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: _____ ANTHONY R. CROW 1/4/05 386-437-8141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY ACL
Account Number : I20000000195
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CORPORATION REINSTATEMENT

U.S.A. RENTALS INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$1,658.75

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