


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		AND FILED 99 AUG -3 AM 9:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P9600004922					
1. Corporation Name Quality Equipment Rental, Inc.					
Principal Place of Business 3139 S. Orange Ave. ORL. FL. 32806		Mailing Address 3139 S. Orange Ave. ORL. FL. 32806			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 5-16-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3378167	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		
PSTD	Kelly L. Roehrick	1598 Stone trail	Enterprise FL. 32725		
			100002956231--0		
			-08/10/99--01077--020		
			***1058.75 ***1058.75		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Kelly L. Roehrick 1598 Stone trail Enterprise FL. 32725			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State FL	Zip Code 32725
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 Kelly L. Roehrick Date 8-3-99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: Kelly L. Roehrick Kelly L. Roehrick 8-3-99 (407) 859-6001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					