

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000099704

1. Corporation Name

RENTAL DEPOT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2395
DADE CITY FL 33526-2395

P.O. BOX 2395
DADE CITY FL 33526-2395

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

2. New Principal Office Address, If Applicable

P.O. Box 1295

Suite, Apt. #, etc.

City & State

Zip 33526-1295 Country

3. New Mailing Office Address, If Applicable

P.O. Box 1295

Suite, Apt. #, etc.

City & State

Zip 33526-1295 Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1996

5. FEI Number

59-3426242

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	SANCHEZ, SONIA	32531 TRILBY RD.	DADE CITY FL 33523
VP	SANCHEZ, PHILLIP N	32531 TRILBY RD.	DADE CITY FL 33523

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOVELACE, WILLIAM K. ESQ.
2310 WEST BAY DRIVE
LARGO FL 33770

Name SHURDEN, WALTER B. ESQ.
Street Address (P.O. Box Number is Not Acceptable)
611 DAVID ROAD EAST
Suite 512
City CLEARWATER State FL Zip Code 33756

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

Walter B. Shurden

Date

11/19/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/01

352-521-3469