PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED 01 MAY -4 PM 12: 12 SEGNETARYI OF STATE TREETAHASSEE, FLORIDA DOCUMENT # 1. Corporation Name National Forklift Leasing Corp. DBA 🦃 Lift of Orlando 2. Principal Office Address 3. Mailing Office Address 7806 N. Orange Blossom Trl. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Orlando, Fl. 59-3419990 Not Applicable Country Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED ... for a Certificate of Status 32860-7388 USA 7. Name and Address of Current Registered Agent Name Joseph Garcia, Jr. 500004271345---8 -05/18/01--01083--021 Street Address (P.O. Box Number is Not Acceptable) -05/18/01 --010 7806 N. ORange Blossom Trl. ****150.00 ****150.00 Suite, Apt. #, Elc. State Zio Code City Orlando 32860 8. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent RECUSTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit c xporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles D 7806 N. Orange Blossom Trl. Orlando, FL 32860 Joseph Garcia, Jr. SP 10. 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 filling 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 SIGNAR OFFICER OR DIRECTOR

Joseph Garcia, Jr.

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