PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 AUG 20 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011140

1. Corporation Name
SOUTHEAST EQUIPMENT RENTAL CORP

REINSTATEMENT 99-08

CR2E061 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
480 S. ANDREWS	480 S. ANDREWS
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33069 Country USA	Zip 33069 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1-30-97

5. FEI Number 65-0768023 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ 30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable): CORPORATE CENTER THREE AT INTL PLAZA

Suite, Apt. #, Etc.: 4221 W BOY SCOUT BLVD 10th FLOOR

City: TAMPA State: FL Zip Code: 33607

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8/19/08

REGISTERED AGENT MUST SIGN

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
PRES	RANDAL R PERKINS	7620 N. CYPRESS HEAD	PARKLAND, FL 33067

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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 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 contained in Chapter 119, 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

954-345-3535
Daytime Phone #