

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000038442

1. Entity Name
RCL EQUIPMENT RENTAL, INC.



Principal Place of Business
**C/O MIRANDA J. LOURDES
2200 SOUTHWEST 97TH AVENUE
MIAMI, FL 33165**

Mailing Address
**C/O MIRANDA J. LOURDES
2200 SOUTHWEST 97TH AVENUE
MIAMI, FL 33165**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

correct FILE ID #
05 FEB 11 AM 9:29
SECRETARY OF STATE
REINSTATEMENT 14-05
01142005 REIN-P CR2E098 (6/04)

4. FEI Number
~~05-07988990~~ **65-0748990**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GALLO, CARMEN
9572 SW 57 ST.
MIAMI, FL 33173**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **2/9/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, ROBERTO 2200 SW 97 AVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIRANDA, LOURDES J 17647 SOUTHWEST 146 COURT MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, ROBERTO 2200 SW 97 AVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LOURDES J. MIRANDA** **01-21-05** **305 2272574**

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