

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -5 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044047

1. Corporation Name

PORTABLE FLOOR RENTALS, INC.

2. Principal Office Address

939 SOUTH 700 WEST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SALT LAKE CITY, UT

City & State

Zip:

84104-1502

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 15, 1998

5. FEI Number

650832009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 So. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code

33324

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

Hiedi M. Kusch, Asst. Secretary

REGISTERED AGENT MUST SIGN

Date 6-3-02

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
P	MICHAEL FEWERTY	3569 E. HUGHES CANYON CIR	SALT LAKE CITY, UT 84121
V/T	RANDALL J. PETERSEN	1767 JANELLA A CIRCLE	SANDY, UT 84093
	900.00 - Adm		
	61.25 - AR		
	88.75 - ARsurp		

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 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:

Michael C. Fewerty

MICHAEL C. FEWERTY 5/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(351)972-0660

Daytime Phone #

CR2E081 (9/01)