

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 11 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092027

1. Corporation Name

CONSTRUCTION EQUIPMENT RENTAL, INC.

Principal Place of Business

Mailing Address

~~1438 ROYAL PALM BEACH BLVD., S-265~~
~~ROYAL PALM BEACH FL 33411~~

~~1128 ROYAL PALM BEACH BLVD., S-265~~
~~ROYAL PALM BEACH FL 33411~~



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

1060 SKEES RD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33411

Country

USA

3. New Mailing Office Address, If Applicable

1060 SKEES RD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33411

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1998

5. FEI Number

65-0880273

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS-DESIRED

\$8.75 Additional Fee required
for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUHTALA, JONI	1060 SKEES RD	WEST PALM BEACH FL 33411

8. Name and Address of Current Registered Agent

MCGOEY, MICHAEL J
209 N SEACREST BLVD
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/19/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joni Luhtala

12/19/01

Date

Daytime Phone #

561-242-0920

CR2E040 (8/01)