PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/28/03--01057--007 **1208.75

DOCUMENT # P99000022992

1. Corporation Name
Equipment Distributors of America, Inc.

REINSTATEMENT 00-03

2. Principal Office Address	3. Mailing Office Address
11420 Interchange Circle North	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State: Miramar, FL	City & State
Zip: 33025 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/99

5. FEI Number: 65-0903200 — X 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: Paul Jon Layne, Esq.
Street Address (P.O. Box Number is Not Acceptable): 328 Minorca ave
Suite, Apt. #, Etc.: second Floor
City: Coral Gables State: FL Zip Code: 33134

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: accepted FBN 23558 Date: 2/3/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PTD	Cammy Hunter	11420 Interchange Circle North	Miramar FL 33025
VP S B	Barbara Lopez	11420 Interchange Circle North	Miramar, FL 33025

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: Cammy Hunter 2-3-03 954-559-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #