



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000054318</b> 1. Entity Name <b>KEEL'S RENTAL SUPPLIES, INC.</b>						<b>FILED</b> <b>07 JUN 22 PM 3:21</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>526 NE 13TH ST</b> <b>FORT LAUDERDALE, FL 33304</b>				Mailing Address <b>526 NE 13TH ST</b> <b>FORT LAUDERDALE, FL 33304</b>			
2. Principal Place of Business - No P.O. Box # <b>3010 SW 2nd Court</b>		3. Mailing Address <b>3010 SW 2nd Court</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04232007 REINSTATEMENT 06-07 Wop			
City & State <b>FT Lauderdale FL</b>		City & State <b>FT Lauderdale FL</b>		4. FEI Number <b>94-3335101</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33312</b>		Country 		Zip <b>33312</b>		Country 	
6. Name and Address of Current Registered Agent <b>KEEL, CECIL SR</b> <b>3010 SW 2ND COURT</b> <b>FT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	D	<b>KEEL, CECIL SR</b> <b>3010 SW 2ND COURT</b> <b>FT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	<b>KEEL, MARY</b> <b>3010 SW 2ND COURT</b> <b>FT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete	TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
<b>SIGNATURE: x Mary L. Keel</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>6-15-07</b> <small>Date</small>			
				<small>Daytime Phone #</small>			