

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P99000066502**

1. Corporation Name

EQUIPRENT, INC.

Principal Place of Business

Mailing Address

391 1ST AVE NO
 JACKSONVILLE FL 32550

391 1ST AVE NO
 JACKSONVILLE FL 32550



100023998131

10/22/03--01007--031 **750.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3587639

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	O'REILLY, ROBERT	391 1ST AVE N	JACKSONVILLE BEACH FL 32250
VPD	O'Reilly, Angele	391 1st Ave N	11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'REILLY, ROBERT
 2 HOPSON RD.
 JACKSONVILLE FL 32550

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CR2E040 (7/03)