PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT #	A	11414
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1. Name of Limited Partnership

NUCRANE LTD.

Typed or Printed Name of General Partner Signing Form **NUCRANE**

REINSTATEMENT JOS)
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•		Strength of -	
2. Principal Office Address	3. Mailing Office Address	To Do Dusinger in Classic 10/27/6/	
2100 PONCE de LEON	2100 PONCE DE LEON		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
SUITE 700	SLITE 400	<u>59-217/37/</u>	Not Applicable
City & State	City & State	CERTIFICATE OF STATUS DESIRE	\$8.75 Additional Fee required for a Certificate of Status
ADBAL GAZIES FL.	CORAL GABLES FI.	-	
Zip Country	Zip Country	7a. Capital Contributions as shown	on Record:
_33134 DAJC	33134 DAGE	7b. Amount of Capital Contributions	in El OPIDA to dete:
8. Name and Addres	s of Current Registered Agent	4,006 ·	SIN PLORIDA (O date.
Name CRANE, NA Street Address (P.O. Box Number is Not Accepta 2100 PONCE SE LES Suite, Apt. #, Etc. City City City Correct Fursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. Lam familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	State Zip Code FL 33/3 4 620.192, Florida Statutes, the above-named limited partners egistered agent, or both, in the State of Florida. Such change of section 620.192, Florida Statutes.	for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for ewith 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b. 7a, a supplemental affidavit must be and appropriate filing fee.	of \$7 per \$1,000 on amount entered \$52.50 and a maximum of \$437.50, ach year due this office, beginning or each year report form is delinquent s greater than amount entered in e submitted along with a separate te of Florida, submits this statement
A GENERAL PARTNER THA	T IS A CORPORATION, LIMITED ST BE REGISTERED AND ACTI	PARTNERSHIP OR OTHER	R BUSINESS ENTITY
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
NUCRANE CORPOR	ATION 2100 PONREDE LEON SUITE 700	2024/ GAB(20.7/ 33/34 3000034 -11/08/ ****64	
Note: General partners MAY NO	OT be changed on this form; an am	nendment must be filed to cha	nge a general partner.

I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or