PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 AUG 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000002756

1. Corporation Name
Essex Crane Rental Corp.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1110 W. Lake Cook Road	
Suite, Apt. #, etc.: Suite 220	Suite, Apt. #, etc.
City & State: Buffalo Grove, IL	City & State
Zip: 60089 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 5/16/2000

5. FEI Number: 22-3729189 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Burga — REGISTERED AGENT MUST SIGN — Date: 08/26/2016

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
D/P/ CEO	Nicholas Matthew	c/o Essex Crane Rental Corp. 1110 W. Lake Cook Road, Suite 220	Buffalo Grove, IL, 60089
D/S/ CFO	Kory Glen	c/o Essex Crane Rental Corp. 1110 W. Lake Cook Road, Suite 220	Buffalo Grove, IL, 60089
D	Laurence Levy	c/o Essex Crane Rental Corp. 1110 W. Lake Cook Road, Suite 220	Buffalo Grove, IL, 60089
D	John Madden	c/o Essex Crane Rental Corp. 1110 W. Lake Cook Road, Suite 220	Buffalo Grove, IL, 60089
			S. HAWKES
			AUG 26

REINSTATEMENT
2015-2016

EXAMINED

10. E-mail Address: kglen@essexrental.com (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8-25-16 — Daytime Phone #: 847-215-6522

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
ESSEX CRANE RENTAL CORP.

Certificate of Status	1
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