

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED  
 28 NOV 24 PM 3:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **FA7000003949**

1. Corporation Name  
**MISSION CRANE SERVICE, INC.**

Principal Place of Business Mailing Address  
**1641 South Sunkist Street Anaheim, CA 92806** **Same**

**REINSTATEMENT** *JB*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/28/97	
City & State		City & State		5. FEI Number	
Zip		Zip		33-0404656	
Country		Country		Applied For	
		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Jonathan Gallen	900 Third Ave.	NY, NY 10022
P	Jon A. Langbert	25-E Brookfield Oaks Dr	Greenville, SC
D	Kevin Genda	900 Third Ave	NY, NY 10022
ST	Kenneth Hiltz	25-E Brookfield Oaks Dr.	Greenville, SC
D	Mark Neporent	900 Third Ave.	NY, NY 10022

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Terry Prekop 5352 Congo Court Cape Coral, FL 33904		C T Corporation System	
		Street Address (P.O. Box Number is Not Acceptable)	
		1200 South Pine Island Road	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		Plantation	FL 33324

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.  
**JENNIFER FAULTMAN**  
 Signature of Registered Agent **ASSISTANT SECRETARY** Date **11/20/98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **Kenneth Hiltz** Date **11/23/98** 864-213-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/98)