

MD8000003681

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT**CRANE WORLDWIDE LOGISTICS LLC**

Certificate of Status	0
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Page Count	02
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C. LEWIS

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # M08000003681																							
1. Limited Liability Company's Name Crane Worldwide Logistics LLC																							
2. Principal Office Address - No P.O. Box # 16680 Central Green Blvd Suite, Apt. #, etc.		3. Mailing Office Address 16680 Central Green Blvd Suite, Apt. #, etc.																					
City & State Houston, Texas		City & State Houston, Texas																					
Zip 77032	Country USA	Zip 77032	Country USA																				
4. State/Country of Formation Delaware																							
5. Date Organized or Qualified To Do Business in Florida 08/07/2008																							
6. FEI Number 25-3079534		☐ Applied For ☒ Not Applicable																					
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status																							
8. Name and Address of Current Registered Agent Name C T 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																							
☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>Howard L. Volz</u> Howard L. Volz Date: <u>10-19-2009</u> REGISTERED AGENT MUST SIGN Asst. Secretary																							
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>John Magee</td> <td>51 W. Mirror Ridge Circle</td> <td>The Woodlands, TX 77382</td> </tr> <tr> <td>MGR</td> <td>Keith Winters</td> <td>27 N. Seasons Trace</td> <td>Montgomery, TX 77382</td> </tr> <tr> <td>MGR</td> <td>Michael Slaughter</td> <td>16415 Emilia Court</td> <td>Spring, TX 77379</td> </tr> <tr> <td colspan="4" style="text-align: center;"> REINSTATEMENT - 09 </td> </tr> </tbody> </table>				Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	John Magee	51 W. Mirror Ridge Circle	The Woodlands, TX 77382	MGR	Keith Winters	27 N. Seasons Trace	Montgomery, TX 77382	MGR	Michael Slaughter	16415 Emilia Court	Spring, TX 77379	REINSTATEMENT - 09			
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REINSTATEMENT - 09																							
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: <u>[Signature]</u> Date: <u>10/16/09</u> Daytime Phone #: <u>281-650-1081</u> Typed or printed name of signing Managing Member/Manager: <u>John Magee / MGR</u>																							

C.L.