

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072077

1. Corporation Name

HI-RISE CRANE, INC.

2. Principal Office Address

792 NE 45th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip Country
33334 USA

3. Mailing Office Address

792 NE 45th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip Country
33334 USA

REINSTATEMENT 07-04

4. Date Incorporated or Qualified To Do Business in Florida

8/19/1996

5. FEI Number

65-0695548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David D. Pain

Street Address (P.O. Box Number is Not Acceptable)

2121 N. Conference Dr.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

100033539261

04/22/04-01023-009 **300.00

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

David D. Pain

Date

4/15/2004

REGISTERED AGENT MUST SIGN

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	Hathaway, Michael D.	231 NW 38th Place	Pompano Beach, FL 33064
D/V	Reherath, Robert R.	2817 NE 32nd Street	Lighthouse Point, FL 33064
S/T	Pain, David D.	2121 N. Conference Dr.	Boca Raton, FL 33486

10. 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:

David D. Pain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

954-735-4424

Daytime Phone #

CR2E081 (10/02)



Mobile Hydraulic Tower Specialists

792 NE 45th Street, Fort Lauderdale, FL 33334

Fort Lauderdale (954) 735-4424
West Palm Beach (561) 841-4134
Toll Free (888) 473-4424
Fax (954) 735-7172
Email sales@hirisecrane.com

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

April 15, 2004

RE: HI-RISE CRANE, INC.
Document#: P96000072077

To Whom It May Concern:

Please be advised that we are applying for reinstatement of our Corporation, and ask you to waive the reinstatement fee, since we never received our mailings for this year or for last year.

Due to a clerical error (on either your part or on ours), the address on your records is correct; however, the city and zip code correspond to our old address. Therefore, you probably mailed the annual documents, but we never received them.

I have attached a Reinstatement Application with all updated information along with a check for \$300 to cover 2003 and 2004.

Please feel free to call me on my cell phone (954) 275-2944 if there are any problems with our reinstatement. Also, I assume that this replaces our need to file for 2004 – if such is not the case, please let me know.

Sincerely,

David D. Pain
Secretary/Treasurer