

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 530733

1. Corporation Name
WOLF CRANE SERVICE, INC.

2. Principal Office Address
3900 BYRON

3. Mailing Office Address
108 RAINBOW FBH

Suite, Apt. #, etc.

City & State
RIVIERA BCH, FL JUPITER, FL

Zip 33404 Country US Zip 33477 Country

4. Date Incorporated or Qualified To Do Business in Florida 4/04/77

5. FEI Number 591730016 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 RICHARD L. WOLF

Street Address (P.O. Box Number is Not Acceptable) 3900 BYRON DR

Suite, Apt. #, Etc. R

City RIVIERA BCH State FL Zip Code 33404

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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 [Signature] Date 3/23/03

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
P	RICHARD L. WOLF	3900 BYRON DR	RIVIERA BCH FL
ST	RICHARD L. WOLF	3900 BYRON DR.	RIVIERA 33404
			BCH FL 33404

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: [Signature] Date 3/23/03 Daytime Phone # 561 3711178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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