

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 530733
1. Corporation Name
WOLF CRANE SERVICE
INC.

2. Principal Office Address
3900 BYRON
Suite, Apt. #, etc.
City & State
RIVIERA BCH, FL
Zip 33404 Country US
3. Mailing Office Address
108 RAINBOW FLD
Suite, Apt. #, etc.
City & State
JUPITER, FL
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.
City RIVIERA BCH
State FL Zip Code 33404
000014768860
03/20/03 01000 002 4400.00

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

Richard L. Wolf
REGISTERED AGENT MUST SIGN

Date

3/23/03

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:

Richard L. Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/03

Daytime Phone #

561 3711178

CR2E081 (10/02)

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