

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL AND FILED

04 NOV 23 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # F02000000366			
1. Entity Name NATIONAL RIGGERS & ERECTORS, INC.			
Principal Place of Business 14650 JIB STREET PLYMOUTH, MI 48170		Mailing Address 14650 JIB STREET PLYMOUTH, MI 48170	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10252004		REIN-P CR2E098 (6/04)	
4. FEI Number 43-1618044		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE		Brenda L. White Asst. Secretary (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEES \$750.00 After January 1, 2005, Fee will be \$900.00		DATE 11/17/04	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, ROBERT J 46141 PICKFORD NORTHVILLE, MI 48167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/CFO BECHTOLD, JESSE H 7219 E. 17TH ST. KANSAS CITY, MO 64126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/CFO McDermott, William F. 7019 E. 17TH ST. Kansas City, MO 64126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042361229 11/01/04--01064--023 **758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		William F. McDermott Date 8/16 231-5724 Daytime Phone #	