

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
98 NOV 24 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003949**

1. Corporation Name

**MISSION CRANE SERVICE, INC.**

Principal Place of Business

Mailing Address

**1641 South Sunkist Street  
Anaheim, CA 92806**

**Same**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

**25 E Brookfield Oaks Dr.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/28/97**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**33-0404656**

Applied For

Not Applicable

City & State

City & State

**Greenville, SC 29607**

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

Zip

Country

Zip

Country

**29607**

**USA**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

**100002699261--9**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Jonathan Gallen	900 Third Ave.	NY, NY 10022
P	Jon A. Langbert	25-E Brookfield Oaks Dr	Greenville, SC
D	Kevin Genda	900 Third Ave	NY, NY 10022
ST	Kenneth Hiltz	25-E Brookfield Oaks Dr.	Greenville, SC
D	Mark Neporent	900 Third Ave.	NY, NY 10022

8. Name and Address of Current Registered Agent

**Terry Prekop  
5352 Congo Court  
Cape Coral, FL 33904**

9. Name and Address of New 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**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**JENNIFER FAULTMAN  
ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date **11/20/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth Hiltz**

**11/23/98 864-213-1000**

Date

Daytime Phone #

CR2E040 (1/98)