


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 31 AM 10:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>L 000000014075</u>					
1. Limited Liability Company's Name <u>FLORIDA CRANE AND EQUIPMENT, LLC</u>					
2. Principal Office Address <u>2720 NW 55th COURT</u> Suite, Apt. #, etc. _____ City & State <u>FORT LAUDERDALE, FL</u> Zip <u>33309</u> Country <u>U.S.A.</u>		3. Mailing Office Address <u>(same)</u> Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		4. State/Country of Formation <u>Florida / U.S.A.</u>	
				5. Date Organized or Qualified To Do Business in Florida <u>04/07/00</u>	
				6. FEI Number <u>22-3715036</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>Kim M. Cummings</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2720 NW 55th COURT</u> 600004761896-6					
Suite, Apt. #, Etc. _____ -01/09/02--01029--021					
City <u>FORT LAUDERDALE</u> State FL Zip Code <u>33309</u> ****150.00 ****150.00					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent <u>Kim M. Cummings</u> Date <u>12/28/01</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	JOEL T. WOODALL	4292 HUNTING TRAIL	LAKE WORTH FL 33467		
MGRM	JOSHUA POPKIN	1016 HIGHWAY 33	FREEHOLD, NJ 07728		
MGRM	RICHARD E. SMITH	1016 HIGHWAY 33	FREEHOLD, NJ 07728		
REINSTATEMENT <u>dec</u>					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>Joel T. Woodall</u> Date <u>12-21-01</u> Daytime Phone # <u>954-448-0070</u>					
Typed or printed name of signing Managing Member/Manager <u>JOEL T. WOODALL</u>					

CR2E041 (9/01)