

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

L01000003096

FILED
03 MAR -5 PM 4:53

SECRETARY OF STATE
TALLAHASSEE
1000101204141
01/17/03--01040--005 **200.00

1. DOCUMENT # L01000003096

Name and Mailing Address

0004617 01 FP 0.352 **PRSRT T4 D 0615 33467-711970



CRANE PRODUCTS, LLC
7670 OAK GROVE CIRCLE
LAKE WORTH FL 33467-7119



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/26/2001	
Principal Place of Business 7670 OAK GROVE CIRCLE LAKE WORTH FL 33467	3. New Principal Place of Business Address Adam Trieschmann City, State, Zip Lake Worth, FL 33467	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent TRIESCHMANN, ADAM C 7670 OAK GROVE CIRCLE LAKE WORTH FL 33467		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Adam Trieschmann Street Address (P.O. Box Number is Not Acceptable) 7670 Oak Grove Cir City Lake Worth FL Zip Code 33467			
10. 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 Adam C. Trieschmann Date 1/10/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Adam Trieschmann	7670 Oak Grove Cir Lake Worth, FL 33467	Lake Worth FL 33467
COO	Donald Trieschmann	615 Cherry St	Winnetka, IL 60093
REINSTATEMENT 2002-2003 BK			

12. 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 Adam C. Trieschmann Date 1/10/03 Daytime Phone # 561-358-3310

Typed or printed name of signing Managing Member/Manager

Adam C. Trieschmann

CR2E084 (8/02)