


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

| | |
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| DOCUMENT # L03000051768 1. Entity Name LOWELL'S CRANE SERVICE, LLC |  |
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FILED

2009 SEP 15 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 7118 HWY 90 E LIVE OAK, FL 32060 | Mailing Address 7118 HWY 90 E LIVE OAK, FL 32060 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

09082009 REIN-LLC CR2E101 (1/07)

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|--------------|--------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number 41-2118363 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|---|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent REDISH, LOWELL 7118 HWY 90 E LIVE OAK, FL 32060 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$377.50 | | Make check payable to Florida Department of State |
|------------------------------------|--|---|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|--------------------------------------|-----------------------|---|
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REDISH, LOWELL | NAME | |
| STREET ADDRESS | 7118 HWY 90 E | STREET ADDRESS | 100160588761 09/11/09--01034--003 **377.50 |
| CITY-ST-ZIP | LIVE OAK, FL 32060 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REDISH, KAREN | NAME | |
| STREET ADDRESS | 7118 HWY 90 E | STREET ADDRESS | |
| CITY-ST-ZIP | LIVE OAK, FL 32060 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | REINSTATEMENT |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | 9-8-09 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lowell Redish 9-8-09 386-362-9504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #