

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 19 AM 9:38

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L0400002227

**1. Limited Liability Company's Name**

Crane Refrigeration, LLC

**2. Principal Office Address - No P.O. Box #**

1396 ROSE Blvd.

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32839

Country

USA

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32839

Country

USA

CR2E041 (12/07)

**4. State/Country of Formation**

N/A

**5. Date Organized or Qualified  
To Do Business in Florida**

14 Jan. 2004

**6. FEI Number**

94-3440410

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒ **\$5.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

Frederick L. Crane, Sr.

Street Address (P.O. Box Number is Not Acceptable)

1396 ROSE Blvd.

Suite, Apt. #, Etc.

N/A

City

Orlando

State

FL

Zip Code

32839

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

Frederick L. Crane, Sr.

Date

10 Sept '08

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Frederick L. Crane, Sr.	1396 Rose Boulevard	Orlando, FL 32839

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09/15/08--01003--006 \*\*421.25

REINSTATEMENT  
06-08

**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

Frederick L. Crane, Sr. 10 Sept '08

Daytime Phone #

(407) 579-8744

Typed or printed name of signing Managing Member/Manager

Frederick L. Crane, Sr.