

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000049058

FILED
Oct 22, 2007
Secretary of State

Entity Name: EQUIPMENT SERVICES AND CERTIFICATION HOIST AND CRANE LLC

Current Principal Place of Business:

287 S. BAYSHORE AVE.
VALPARAISO, FL 32578 US

New Principal Place of Business:

401 17TH STREET
NICEVILLE, FL 32580 US

Current Mailing Address:

287 S. BAYSHORE AVE.
VALPARAISO, FL 32578 US

New Mailing Address:

401 17TH STREET
NICEVILLE, FL 32580 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.,
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: UNITED STATES CORPORATION AGENTS, INC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, TORIN L
Address: 287 S. BAYSHORE AVE.
City-St-Zip: VALPARAISO, FL 32578 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDERSON, TORIN L
Address: 401 17TH STREET
City-St-Zip: NICEVILLE, FL 32580 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TORIN L. ANDERSON

MGR

10/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date