

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT -8 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L12000057035**

1. Limited Liability Company's Name

SAFETY FIRST CRANE INSPECTIONS LLC

2. Principal Office Address - No P.O. Box #
1038C Summit Trail Cir

3. Mailing Office Address

1038C Summit Trail Cir

Suite, Apt. #, etc

C

Suite, Apt. #, etc.

C

City & State

W.P.B. FL

City & State

W.P.B. FL

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach.

8. Name and Address of Current Registered Agent

Name

JOHN L. ROSE III

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

1038C Summit Trail Cir

Apt. #, Etc.

C

City

W.P.B.

State

FL

Zip Code

33415

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

John L. Rose III

REGISTERED AGENT MUST SIGN

Date

8/3/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
REP	JOHN L. ROSE III	1038C Summit Trail Cir	W.P.B. FL 33415
REP	CINDY L STOVER	1038C Summit Trail Cir	W.P.B. FL 33415

11. E-mail Address

JOHN.CINDY2009@HOTMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

John L. Rose III

Date

8/3/15

Daytime Phone #

561-512-0780

Typed or printed name of signing authorized representative/member

JOHN L. ROSE III