MD900000001795

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000219294 3)))

H10000219294 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2010 OCT -6 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
CRANE CARTAGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

RECEIVED
10 OCT -6 AM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 7 2010
EXAMINER

FILED

2010 OCT -6 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000001795

1. Limited Liability Company's Name

CRANE CARTAGE LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
16685 Air Center Blvd		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Houston, Texas		City & State	
Zip: 77032	Country	Zip	Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 5/13/2009

6. FEI Number: 26-4513924 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, do hereby with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: E.A. Wallace REGISTERED AGENT Assistant Secretary Date: 10/4/2010

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	James Duff, Member	16685 Air Center Blvd	Houston, TX 77032
	REINSTATEMENT -10		

11. E-mail Address: (To be used for future annual report notifications)

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 608.508, 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: [signature] Date: 10-5-10 Daytime Phone #: 281-404-2900

Typed or printed name of signing Managing Member/Manager: James Duff, Member

FLLI 10 - 8/03/2010 CT Xpress Online

C.S.