


LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # 1. Limited Liability Company's Name Southway Crane & Rigging - Macon, LLC</div><div style="font-size: 2em; font-weight: bold; color: black; transform: rotate(-5deg);">M12000007052</div></div>					
2. Principal Office Address - No P.O. Box # 222 New Dunbar Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 925 South Loop West <small>Suite, Apt. #, etc.</small>		CR2E041 (1/14)	
City & State Byron, Georgia		City & State Houston, Texas		4. State/Country of Formation Georgia, USA	
Zip 31006	Country USA	Zip 77054	Country USA	5. Date Organized or Qualified To Do Business in Florida 12/18/2012	
				6. FEI Number 58-2486621	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Capitol Corporate Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive					
Suite, Apt. # Etc Ste A					
City Tallahassee		State FL	Zip Code 32301		
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 _____				Date _____	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
	INT Crane & Rigging, Inc., Sole Member/Manager	925 South Loop West		Houston, TX 77054	
<div style="font-size: 3em; font-weight: bold;">REINSTATEMENT</div>		<div style="font-size: 2em; font-weight: bold;">S. HAWKES</div> <div style="font-size: 1.5em; font-weight: bold;">APR 29 AM</div> <div style="font-size: 2em; font-weight: bold;">EXAMINER</div>			
11. E-mail Address: _____					
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager _____		Date 4/29/14		Daytime Phone # 713-255-8606	
Typed or printed name of signing Authorized Representative/Manager M. Thi Tran ; SVP & Secretary of Sole Member / Mgr					