PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	O4 MAR 18 AM 8: 22 SECREDARY OF STATE TALLAHASSFE, FLORIDA
DOCUMENT # P00000074708 1. Corporation Name		JALLAHASSEE HLOHIDA
MCI Crane Gra o Services, Inc.		PEINSTATEMENT 03-04
2. Principal Office Address 11806 Overlook Dr. Suite, Apt. #, etc.	3. Mailing Office Address Came Suite, Apt. #, etc.	000030736400 03/18/0401062002 **900.00
		Date Incorporated or Qualified To Do Business in Florida
City & State Clermont FC	City & State	5- FEI Number Applied For Not Applicable
Zip Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Ot 1		
Street Address (P.O. Box Number is Not Acceptable) 33 Cayble HVI - Suite, Apt. #, Etc. City: State Zip Code FL 33837		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date3/5/04		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of E Officer and/or Dire	
Pres. Cecelia Meinha	art 133 Jaybee Ave.	Davenport AL -33837
Vd. Mark Meinhort	11800 Overlook	or. Clermont FL 34711
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under s		
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 3.15.04 (352)242.9911 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		