

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000095190			
1. Corporation Name CRUSHER EQUIPMENT COMPANY, INC.			
Principal Place of Business 12505 NW 39 AVE GAINESVILLE FL 32606		Mailing Address 12505 NW 39 AVE GAINESVILLE FL 32606	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		10/09/2000	
5. FEI Number 59-3140765		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	RAULERSON, J H	12505 NW 39 AVE	GAINESVILLE FL 32606
DVST	RAULERSON, KATHRYN K	12505 NW 39 AVE	GAINESVILLE FL 32606
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RAULERSON, J H 12505 NW 39 AVE GAINESVILLE FL 32606		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent J. H. Raulerson		Date 10-23-01	
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: J. H. Raulerson		10-23-01 352-332-6653	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Crusher Equipment Co. Inc.
CONSTRUCTION • MINING EQUIPMENT

12505 N.W. 39th Ave. • Gainesville, FL 32606
(352) 332-6653 • FAX (352) 332-9305

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Florida 32314

October 23, 2001

Attention Ms Leslie,

Thank you for being so helpful, just now, on the phone. I do not remember getting anything from the State regarding payment for the corporation. I did receive these papers saying you were going to dissolve my corporation, so I called. I have a new calendar and marked it to pay for the Corporation on January and for February, so I won't forget it. Do you send me a notice or what?

I am enclosing the check for \$150.00 you said for me to send and signed the papers That I got.

Thank you again for being so helpful.

Sincerely,


J.H. Raulerson