

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030097

1. Corporation Name

CRANE SERVICES, INC.

Principal Place of Business

2916 NW 46 ST
TAMARAC FL 33320

Mailing Address

2916 NW 46 ST
TAMARAC FL 33320

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2001

5. FEI Number

65-1090404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Jennifer A. Bishop	2916 NW 46th Street	Tamarac, FL 33309

200008697617
10/30/02--01049--005 **150.00

8. Name and Address of Current Registered Agent

GREENE, JENNIFER A
1780 NW 42 ST
OAKLAND PARK FL 33309

9. Name and Address of New Registered Agent

Name

Jennifer A. Bishop

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

2916 NW 46th Street

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33309

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. or 617.0505, F.S.

Signature of
Registered Agent

Jennifer A. Bishop

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/25/02

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:

Jennifer A. Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02
Date

954-275-3324
Daytime Phone #

CR2E040 (8/02)

CRANE SERVICES, INC.

2916 NW 46th Street

Tamarac, FL 33309

(954) 275-3324

(954) 530-9440 (Facsimile)

October 25, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327


Dear Sir/Madam:

Enclosed is our uniform business report with the filing fee of \$150.00.

This is the first notice that we received for this report and no prior correspondence was given in this regard.

If any further information is required, please do not hesitate to contact me.

Sincerely,


Jennifer A. Bishop
President

Enclosures