

PER CONVERSATION WITH STATE OFFICE, ABSOLUTE CRANE SERVICE ANNUAL REPORT FOR 2003 + 2004 WERE NEVER RECEIVED DUE TO A CHANGE IN OFFICE LOCATION, AND THEREFORE WE ARE ENCLOSING \$150 FOR 2003 + \$150 FOR 2004 PER YOUR INSTRUCTIONS. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # **P02000029716**

1. Corporation Name

ABSOLUTE CRANE SERVICE, INC.

REINSTATEMENT 03-04
MRD

300035554943

05/06/04--01018--015 **308.75

2. Principal Office Address

794 WASHBURN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

794 Washburn Road

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

Melbourne, FL

Zip

32934

Country

BREVARD

Zip

32934

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/2002

5. FEI Number

59-2777141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah Sue Crusan

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

191 Carmelite Ave NW

Suite, Apt. #, Etc.

City

Palm Bay

State
FL

Zip Code

32907

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

Deborah Sue Crusan

Date

4-28-04

REGISTERED AGENT MUST SIGN

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 Each Officer and/or Director	City / State / Zip
PRES	BRIAN R. YOUNG	5500 Willoughby Drive	Melb. FL 32934

10. 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

Brian R. Young

PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

321-242-3345

CR2E081 (01/04)

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ABSOLUTE CRANE SERVICE, Inc.
794 WASHBURN RD. MELB. FL 32834
PHONE # 242-3345 / FAX # 242-3125

Date: 4-29-04

To Whom It May Concern:

Per my conversation with the state office, Absolute Crane Service annual report for 2003 & 2004 were never received due to a change in office location and therefore we are enclosing \$150 for 2003 & \$150 for 2004 per your instructions.

Thank you,



Debbie Crusan
Office Manager