

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000009157

**Entity Name:** GRIMES CRANES INC.

**FILED**  
**Sep 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2300 JOHN COX RD.  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3194  
TALLAHASSEE, FL 32315

**New Mailing Address:**

2300 JOHN COX RD.  
TALLAHASSEE, FL 32310

**FEI Number:** 74-3077163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIMES, WILLIAM W  
152 LOOP DR.  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** WALTER GRIMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PV  
**Name:** GRIMES, WILLIAM W  
**Address:** 152 LOOP DR.  
**City-St-Zip:** QUINCY, FL 32351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WALTER GRIMES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/15/2010

\_\_\_\_\_  
Date