

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P940000012613

1. Corporation Name

CERTIFIED CRANE SERVICES, INC.

Principal Place of Business

**4692 Posada Drive
Orlando, FL 32839**

Mailing Address

**P.O. Box 568833
Orlando, FL 32856-8833**

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

2-14-94

5. FEI Number

59-3225502

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State - Zip
P/D	Holly Sampson	4692 Posada Dr.	Orlando, FL 32839
A/S	Cynthia A. Hicks	103 N. Meridian St. Lower Level	Tallahassee, FL 32301

**300002892783--5
-06/02/99--01067--007
***1208.75 ***1208.75**

8. Name and Address of Current Registered Agent

**Holly Sampson
4692 Pasada Dr.
Orlando, FL 32839**

9. Name and Address of New Registered Agent

Name
CorpDirect Agents
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian St., Lower Level
Suite, Apt. #, Etc.
City
Tallahassee State **FL** Zip Code **32301**

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

Cynthia A. Hicks

Its Agent: **Cynthia A. Hicks**

Date **5-24-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Cynthia A. Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cynthia A. Hicks, Asst. Secretary

5-24-99

Date

800-388-2123

Daytime Phone #

CR2E081 (12/98)