

895000066573

FILED  
55 AUG 28 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 25, 1995

Florida Department of State  
Division of Corporation  
P.O. BOX 6327  
Tallahassee, Florida 32314

Gentlemen:

Please find enclosed check in the amount of One Hundred Twenty Two dollars and fifty cents (\$122.50), for filing the attached Articles of Incorporation.

Should there be any questions, please do not hesitate to call me.

Sincerely,



Frank Mosier

8900001571208  
-08/28/95--01068--017  
+++122.50 +++122.50

Enclosure

RECEIVED  
55 AUG 28 PM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES O INCORPORATION

OF

SUNRISE CRANE SERVICE, INC.

The undersigned subscribers to these Articles of Incorporation, are natural persons competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be

SUNRISE CRANE SERVICE, INC.

The principal place of business of this corporation shall be 2330 NE 1ST AVE., POMPANO, FL 33060.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful business or activities as permitted under the laws of the United States, the State of Florida or any other State.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1 par value per share.

#### ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 2330 NE 1st Avenue, Pompano, Fl 33060, and the name of the registered agent at the address Frank Mosier.

#### ARTICLE V. TERM OF EXISTENCE

This corporation shall exist perpetually. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under section 1362 of the Internal Revenue Code and that the corporation will file as a Sub-Chapter S Corporation.

**ARTICLE VII. DIRECTORS**

The names and post office address of the members of the first Board of Directors; these said people are the subscribers of these Articles of Incorporation:

Name		Post Office Address
Mark Mosier	President	4240 NW 38 Terrace Lauderdale Lks, Florida 33309
Frank Mosier	Vice Pres	2330 NE 1st Avenue Pompano, Fl 33060

ARTICLE VIII.

The name and post office address of each subscriber to these Articles of Incorporation, the number of shares of stock each agrees to take and the value of the consideration thereof, the proceeds of which amount to One Hundred Dollars (\$100.00) are:

Name	Address	No of Shares	Value
Mark Mosier	4240 NW 38 Terr, Lauderdale Lakes Fl, 33309	33.3	\$1.00
Frank Mosier	2330 NE 1st Ave, Pompano, Fl 33060	33.3	\$1.00
Unassigned		33.3	\$1.00

#### ARTICLE IX. OTHER PROVISIONS

The corporation shall have the power to enter into, for the benefit of its employees, one or more of the following: (a) a pension plan, (b) a profit-sharing plan; (c) a stock bonus plan; (d) a thrift and savings plan; (e) a restricted stock option plan; or (f) other retirement or incentive compensation plans.



IN WITNESS WHEREOF, we, the undersigned, being the original subscribers to the capital stock herein above named, for the purpose of forming a corporation to do business in the State of Florida, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of share, herein above set forth, and hereunto set our hand seals this 25th day of August 1995.

SIGNED, SEALED AND DELIVERED

in the presence of:

x *Frank Mosier* \_\_\_\_\_

x *John Wain* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

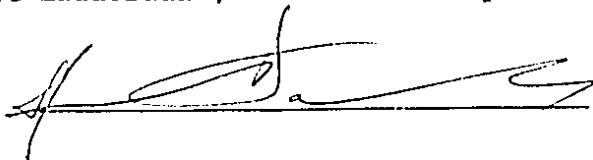
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STATE OF FLORIDA )

COUNTY OF BROWARD )

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, Frank Mosier and Mark Mosier , personally appeared to me, well known to be person(s) who executed the foregoing Articles of Incorporation and they executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this 25th day of August 1995 at Fort Lauderdale, Broward County.



NOTARY PUBLIC, State of Florida

My commission expires:



HOWARD DANIELS  
My Commission CC357649  
Expires Apr. 04, 1998  
Bonded by HAI  
800-422-1555

Frank Mosier. LOCATED AT 2330 NE 1st Avenue, Pompano  
Florida 33060.

RECEIVED  
25 AUG 28 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS  
CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE  
DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA  
STATUTES.

SIGNATURE

*Frank Mosier*

(REGISTERED AGENT)

DATE

8-25-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DEPARTMENT OF CORPORATIONS

DOCUMENT # **P95000066573**

Corporation Name

**SUNRISE CRANE SERVICE, INC.**

FILED

96 SEP 27 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address

2330 NE 1ST AVENUE  
POMPANO FL 33060

Mailing Address

2330 NE 1ST AVENUE  
POMPANO FL 33060



800001975478--8

-10/15/96--01229--000

\*\*\*\*375.00 \*\*\*\*375.00

If above addresses are incorrect in any way, file through correct 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

08/28/1995

5. FID Number

65-0605370

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. Name	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MOSIER, MARK	4240 NW 38TH TERRACE	LAUDERDALE LAKES FL 33309
P.D.	MOSIER, FRANK	2330 NE 1ST AVENUE	POMPANO FL 33060
UD	HOTHER, MICHAEL	9771 NW 21st AVE	SUNRISE FL, 33322

REINSTATEMENT 96

8. Name and Address of Current Registered Agent

MOSIER, FRANK  
2330 NE 1ST AVENUE  
POMPANO FL 33060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Frank Mosier*  
REGISTERED AGENT MUST SIGN

Date

9-27-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I, being appointed the registered agent of the above named corporation, 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)(b), 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:

*FRANK MOSIER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-96  
Date

Daytime Phone #

954-675-1216