

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 28 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9600003555**

1. Corporation Name

SCOTT CRANE RENTAL Corp

2. Principal Office Address

11669-2 Phillips Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

11669-2 Phillips Hwy

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32256

Country

DUVAL

Zip

32256

Country

DUVAL

4. Date Incorporated or Qualified

To Do Business in Florida

1996

5. FEI Number

59-3375393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

JOHN T. SCOTT III

100004014931-1

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

11669-2 Phillips Hwy

04/18/01-01020-020

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/13/2001**

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.	JOHN T. SCOTT III	11669-2 Phillips Hwy	JACKSONVILLE, FL. 32256
V. Pres.	LESLIE S. SCOTT III	11669-2 Phillips Hwy	JACKSONVILLE, FL. 32256

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:

[Signature] **JOHN T. SCOTT III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2001
Date

904-268-3401
Daytime Phone #

CR2E081 (9/00)