

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 30 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 898000010559

1. Corporation Name

CRANE AEROSPACE, INC.

2. Principal Office Address

6360 DANNER DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

Zip

34240

Country

USA

3. Mailing Office Address

6360 DANNER DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

Zip

34240

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

03 FEB, 1998

5. FEI Number

65-0810163

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

STANLEY W. GARRISON

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

6360 DANNER DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

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

Stanley W. Garrison PRESIDENT

Date 12/26/02

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
DPAS	STANLEY W. GARRISON	6360 DANNER DRIVE	SARASOTA / FL / 34240
T	STANLEY W. GARRISON	6360 DANNER DRIVE	SARASOTA / FL / 34240
DYS	WILLIAM R GARRISON, JR	6360 DANNER DRIVE	SARASOTA / FL / 34240
AT	WILLIAM R GARRISON, JR	6360 DANNER DRIVE	SARASOTA / FL / 34240

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: *Stanley W. Garrison* STANLEY GARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/02 (941) 343-0058

Date

Daytime Phone #

CR2001 (2/01)

gr 112