

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 22 AM 8:00

DOCUMENT # P98000031928

1. Corporation Name

SARASOTA CRANE, INC.

2836 East Forest Lake Dr.
2836 East Forest Lake Dr.

2. Principal Office Address

2836 East Forest Lake Dr.

3. Mailing Office Address

2836 East Forest Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/06/98

5. FEI Number

65-0848353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

MRD

7. Name and Address of Current Registered Agent

Name

William R. Sizemore

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

2836 East Forest Lake Dr.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

400043223804

12/07/04--01007--010 **1500.00

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

Date

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
P/D	William R. Sizemore	2836 East Forest Lake Dr.	Sarasota, FL 34232

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-04

356-9349

CR2E081 (01/04)