


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000096413		
1. Entity Name CRANE & CRANE CORPORATION		

06 OCT 20 11 2:51

Principal Place of Business 4144 N ARMENIA AVE SUITE 301 TAMPA, FL 33607	Mailing Address 4144 N ARMENIA AVE SUITE 301 TAMPA, FL 33607
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2. Principal Place of Business 2711 CHAMBRAY LANE	3. Mailing Address 2711 CHAMBRAY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10102006 REIN-P CR2E098 (11/05) *86*

REINSTATEMENT

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33611	Country HILLSBOROUGH
Country HILLSBOROUGH	Zip 33611

Applied For...
Not Applicable

6. Name and Address of Current Registered Agent CRANE, W R 4144 N ARMENIA AVE #301 TAMPA, FL 33607	
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

10/11, 2006

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRANE, ROSARIO S 2711 CHAMBRAY LN TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRANE, RALPH 2711 CHAMBRAY LN TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000081130370
10/24/06--01008--011 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Pres. W. RALPH CRANE** **10/11/06** **813-334-4872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #