PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC -5 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 00004 9645

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****750.00 ****750.00

1. Corporation Name

DENNIS DRAWDY'S CRANE SERVICE, INC.

2. Principal Office Address	3. Mailing Office Address
470 WATERWOOD COURT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State
Zip: 34711 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: June 2, 1999

5. FEI Number: 59-3579175 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENNIS R. DRAWDY, JR.

Street Address (P.O. Box Number is Not Acceptable): 470 WATERWOOD COURT

Suite, Apt. #, Etc.:

City: CLERMONT State: FL Zip Code: 34711

6. 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: Dennis R Drawdy Date: 11/28/00

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	DENNIS R. DRAWDY, JR.	470 WATERWOOD COURT	CLERMONT, FL 34711
SS	CHRISTIE L. DRAWDY	470 WATERWOOD COURT	CLERMONT, FL 34711
		REINSTATEMENT 00-1 TS	

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: Dennis R Drawdy 11/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #