

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hod  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR 18 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S47644**

1. Corporation Name

**RICK'S CRANE, INC.**

Principal Place of Business

Mailing Address

502 NE 6TH AVE  
OKEECHOBEE FL 34972

502 NE 6TH AVE  
OKEECHOBEE FL 34972

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1991

5. FEI Number

65-0273842

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LIGHTSEY, RICKIE A	502 NE 6TH AVE	OKEECHOBEE FL
STD	LIGHTSEY, BONITA B	502 NE 6TH AVE	OKEECHOBEE FL
V	LIGHTSEY, WADE A	613 NE 5TH ST	OKEECHOBEE FL 34972

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGHTSEY, RICKIE A.  
502 NE 6TH AVENUE  
OKEECHOBEE FL 34972

Name

Bonita B. Lightsey

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

502 NE 6th Ave

Suite, Apt. #, Etc.

City

Okeechobee,

State

FL

Zip Code

34972

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Bonita B. Lightsey

Date

10/27/03

REGISTERED AGENT MUST SIGN

11. 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:

Bonita B. Lightsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

863-634-7772

CR20040 (7/03)

Rick's Crane, Inc.  
502 NE 6<sup>th</sup> Avenue  
Okeechobee, FL 34972  
Ref. Number S47644

February 24, 2004

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern: In regards to the letter # 304A00006741 ,I never received the original application. My general liability insurance carrier was the one to notify me that our corporation status had been suspended, I then called your office and was told to send a \$150.00 check along with my reinstatement form he then mailed me and it would be reinstated. My application had been denied twice, I called and was rudely spoken to and hung up on. I called again this morning trying to get this resolved and was told to send a \$300.00 check for two years and another letter. Hopefully we can be reinstated.

Thank you for any help in getting this resolved.

*Shannon Lightsey*

Shannon Lightsey  
Rick's Crane, Inc.

*Re: our conversation  
on 3/14 I did not receive  
any notice in 2003 or 2004!  
Thank you  
Shannon Lightsey*