

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H77112

1. Corporation Name
MR. GUTTER CUTTER, INC.

JK

REINSTATEMENT 00-03

900024806649
11/18/03--01057--009 **1200.00

2. Principal Office Address
9011 SW Old Kansas Ave.

3. Mailing Office Address
9011 SW Old Kansas Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, Florida

City & State
Stuart, Florida

Zip Country
34997 USA

Zip Country
34997 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2581216

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
Craig D. Rice, Sr.

Street Address (P.O. Box Number is Not Acceptable)
9011 SW Old Kansas Avenue

Suite, Apt. #, Etc.

City
Stuart,

State Zip Code
FL 34997

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

Craig D. Rice

Date 11/14/03

(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.	Craig D. Rice, Sr.	9011 SW Old Kansas Ave.	Stuart, FL 34997

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:

Craig D. Rice

11/14/03

(772) 283-9197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig D. Rice, Sr., President

Date

Daytime Phone #

CR2E081 (10/02)