

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000008784

1. Limited Liability Company's Name

G H CONSTRUCTION SERVICES LLC

2. Principal Office Address - No P.O. Box #

1507 PALAFOX STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32501

Country

US

3. Mailing Office Address

1507 PALAFOX STREET

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32501

Country

US

8. Name and Address of Current Registered Agent

Name

WILLIAM W. GUTENMANN

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

Apt. #, Etc.

City

State

FL

Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

William W. Gutenmann

REGISTERED AGENT MUST SIGN

Date 04/13/2022

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip        |
|--------|--|---|---------------------------|
| MGR    | WILLIAM W. GUTENMANN                               | 13 CALLE MARBELLA   | PENSACOLA BEACH, FL 32501 |
|        |  |   |                           |
|        |  |   |                           |
|        |  |   |                           |
|        |  |   |                           |
|        |  |   |                           |
|        |  |   |                           |
|        |  |   |                           |

11. E-mail Address

billgute10@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

William W. Gutenmann

Date

04/13/2022

Daytime Phone #

(850) 232-4319

Typed or printed name of signing authorized representative/member

WILLIAM W. GUTENMANN

FILED

2022 APR 22 PM 3:37

SECRETARY OF STATE

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04/22/22--01015--002 \*\*1626.25

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

03/10/2003

6. FEI Number

20-0032081

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status