

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:44

9-16-05  
200.00

DOCUMENT # L030000046742

1. Limited Liability Company's Name

TC Roofing and Gutter Helmet

2. Principal Office Address

3528 NW 52 ave.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

USA

3. Mailing Office Address

-same-

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

11-18-03

6. FEI Number

200427807

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Charles Spencer Dixon

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

3528 NW 52 ave.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8-25-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Charles Dixon	3528 NW 52 ave	Gainesville FL 32605
Vice Pres	Tom Carter	15935 Assembly Loop	Jupiter FL 33478
REINSTATEMENT 05-06			
000079874310			
09/19/06--01028--008 **205.00			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

*[Signature]*

Date

8-25-06

Daytime Phone #

352-494-7083

Typed or printed name of signing Managing Member/Manager

Charles Dixon