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
08 DEC 19 AM 8:18

CR2E041 (10/08)

DOCUMENT # L0300005/862

1. Limited Liability Company's Name

ADMIRAL SCREEN & ALUM.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4903 TROYDALE RD.	4903 TROYDALE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State: TAMPA FL.
Zip: 33615 Country: HILLS.	Zip: 33615 Country: HILLS.

4. State/Country of Formation: HILLSBOROUGH

5. Date Organized or Qualified To Do Business in Florida: 12/6/1985

6. FEI Number: 162486440 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: NICHOLAS W. BELLAN

Street Address (P.O. Box Number is Not Acceptable): 4903 TROYDALE RD.

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33615

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Nicholas W Bellan
REGISTERED AGENT MUST SIGN

Date: 12/2/08

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
MGR	NICHOLAS W. BELLAN	4903 TROYDALE RD	TAMPA, FL. 33615
			200138438652 12/23/08--01034--002 **138.75
			200138438652 12/23/08--01034--002 **138.75

REINSTATEMENT 2007-08

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: Nicholas W Bellan Date: 12/2/08 Daytime Phone # 813-220-1823

Typed or printed name of signing Managing Member/Manager: NICHOLAS W. BELLAN